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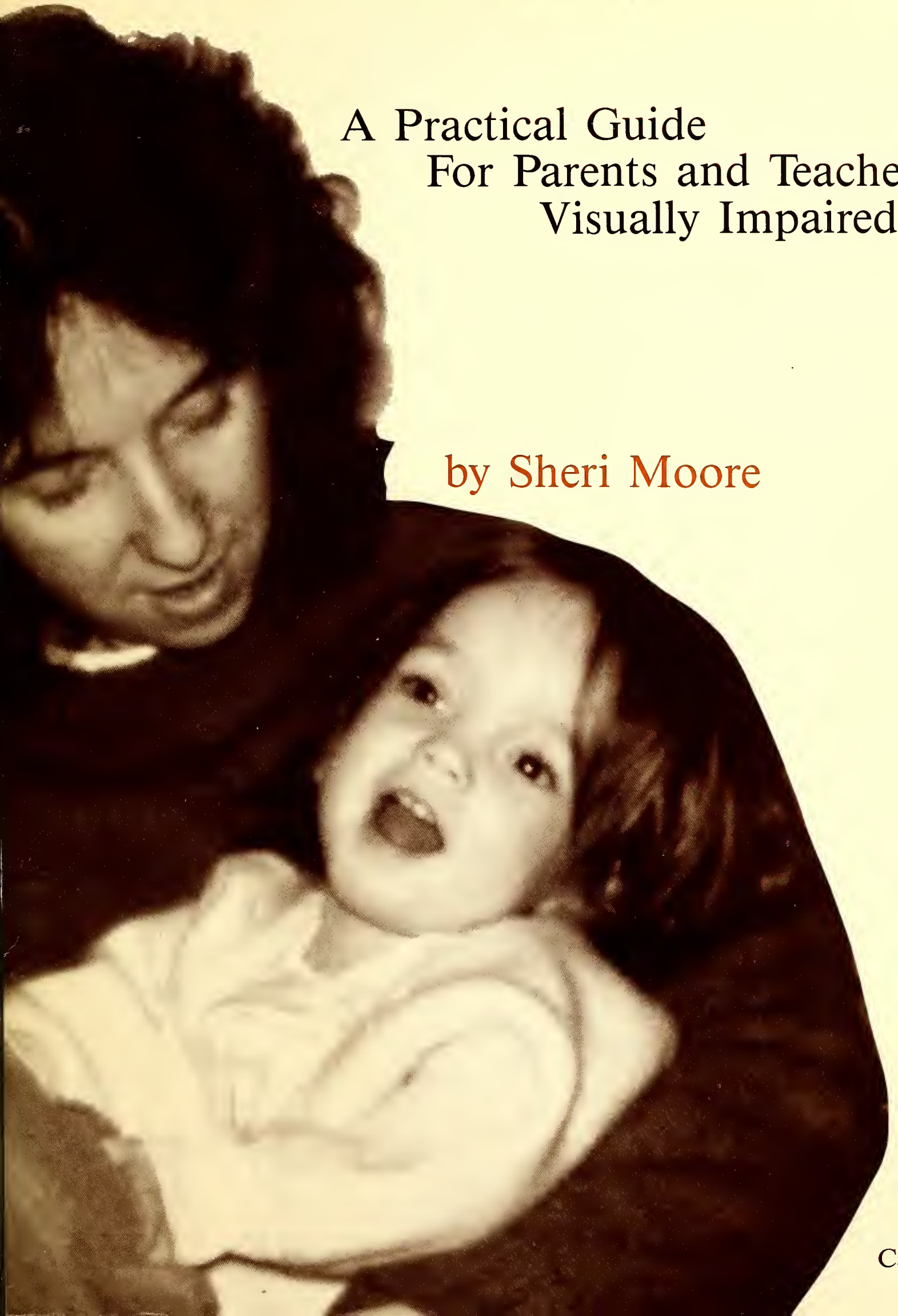
AFB Deaf-Blind Project
American Foundation for the Blind, Inc.
National Consultants Department
15 West 16th Street
New York, NY 10011

Beginnings

A Practical Guide For Parents and Teachers of Visually Impaired Babies

by Sheri Moore



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In Memory of Wilma Hull

Wilma Hull, an active and highly respected professional serving blind and visually impaired preschool children, was a contributor to this book in its early conceptual stage. It is to her zest for life, perpetual good humor, and abiding devotion to blind and visually impaired young children to which this book is dedicated.

FORWARD

Thoughts from the past

If I could have known thirty-eight years ago what young parents have available to them now, I might have been a much better mother of a severely visually-handicapped child who also had cerebral palsy. A brick wall met me at every turn: the ignorance of medical personnel; the lack of knowledge of even well-meaning educational and psychological professionals; my own insecurity; to say nothing of the emotional advice from family and friends.

As I read books such as this one, I am joyous that so much help is available to young parents today. We really know something about what to do with infants and young children with visual impairments, and we can be confident that we are fostering their development and that they can have dreams and hopes like other children and can live productive, meaningful lives with their peers and families and be a part of a sighted world.

The love and concern of parents today makes them feel the same hurt we felt earlier, but there is support and help for them from the moment of birth. We have discovered the critical importance of early intervention and that parents are good teachers when they know what to teach and how to teach it. Let us hope that such handbooks as this one reach every parent of a visually-handicapped child as soon as the diagnosis is made. Then we will have a new generation of children who will be simply adults who happen to have difficulty seeing.

Natalie Barraga, Parent and Professor,
University of Texas at Austin

INTRODUCTION

This book is a resource book for teachers and parents of visually-impaired children from birth to two years of age and older multihandicapped visually-impaired children performing within this same age range. Because it is both a practical handbook and a reference tool, it can help to ease some of the uncertainty which you may feel about your child's visual impairment. As you carry out the exercises and activities suggested, there are three key points to keep in mind:

1. Remember that your child is first a child, and only secondly visually impaired. Like every child, he or she needs your love. Love and a feeling of belonging are the most important things you can contribute to the child's growth and development.

2. Encourage your child to use all the senses. Because he or she is visually limited, your child will need special help and encouragement from you to explore the world, by using all her or his senses to their fullest extent. Help the child touch, listen, look, smell, and taste and so make sense of the world.

3. Do not overprotect your child. Your baby needs your companionship and assistance. He or she also needs to be encouraged to do things independently. Through independence, your child can develop competence, self-reliance, and independence. Now read and do. Your child's future is in what you do now.

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1

THE WAY THINGS ARE

Learning that your child has a visual impairment is a crisis for most parents. Whether your baby's visual impairment was discovered at birth or some time later, you almost surely felt shock, grief, great disappointment, anger, disbelief, despair, resentment, and confusion. Such feelings are normal reactions to the situation you face and have been experienced by many other parents. You have a right to these feelings; however, they must be identified in order to deal with them.

Sharing your feelings

It may be helpful to talk about your feelings and fears with others. Recognizing and talking about them can provide relief simply through an act of unburdening yourself. In addition, this kind of sharing gives you the opportunity to gain emotional support, a sense of perspective, and needed information.

At first, you may feel overwhelmed by negative feelings. But as you care for and come to know your baby, you will begin to develop positive feelings of love and enchantment with the baby. Although there will continue to be times when you feel sad or angry, you will enjoy many happy moments with your child.

If you are married, your partner can be a major source of comfort. He or she probably needs your support as well. The birth of any child affects a marriage in many ways; the birth of a visually-impaired child can present special problems. A parent may become so affected with personal feelings that he or she fails to recognize that the other parent is hurting, too. Talk to each other about your feelings and fears. Renew your commitment to each other. Working to keep your relationship strong and stable is important for you and your baby.

Getting outside help

Ask for support from close friends, family members, the clergy, or counselors. Many communities have mental health clinics with counselors trained to help you. Getting support is particularly important if you are a single parent. Find someone you can talk to and trust. If this is your first baby, ask a relative or friend who has had practical experience raising children for advice. Your child, unless severely multihandicapped, is more like other children than different from them. Like every new parent, you will probably have many questions. Check to see if your community has a parent education program.

Community health service centers, some agencies for the blind, university programs, and some local clergy offer counseling for individuals and families who are looking for ways to understand and cope with a problem or situation. Competent professionals can help you see your situation more objectively, point out alternatives, and guide you on your way to a satisfyingly normal relationship with your visually-impaired child. In addition to you and your spouse, you may want to include the child's brothers and sisters or other family members in counseling.

Talking to other parents of visually-impaired children is very important; it can help you feel less alone, and may resolve some of your apprehensions. The national parent associations, listed in the resource section of this book, distribute newsletters and information. To find out if there is an organization of parents in your area, ask your local Public Health nurse, pediatrician, community service worker, public school vision coordinator, state office of special education personnel, or representative of the state bureau or commission for the blind.

If there is no local parent group, consider starting one. You can begin with only two or three other parents. The mutual support you can give and obtain from other parents makes the effort worthwhile. Guidelines for organizing a group are available from The American Council for the Blind (ACB) Parent Group or the National Association of Parents of the Visually Impaired (NAPVI). For addresses see the resource section in this book.

Talking with teachers in your area who work with young visually-impaired children can also provide you with a great deal of information. In some states, educational services are available to infants with visual handicaps beginning at birth.

Finally, your pediatrician, or eye specialist, should be able to give you the facts you need regarding your child's visual impairment: its severity, effects, and possible cause. The doctor may also be able to refer you to educational, other medical, and counseling services in the community. If your child has even slight remaining vision, ask your child's doctors about corrective glasses or contact lenses. Babies with low vision can make remarkable progress when fitted early with proper corrective lenses. A developmental optometrist may be helpful in determining what your child sees, and how to develop any remaining vision.

Leading the way

Once you begin coping with your feelings about your child's vision impairment, you will probably find it easier to deal with the reactions of your spouse and others. If there are other children in your family, they may need reassurance that the new baby will not take all of your time. Young brothers and sisters will also need the reassurance that they are not responsible for the baby's lack of sight. And they need to be told that they will not lose their vision. Give each child in the family special, individual attention every day, even if just for a few minutes. Help older children in the family understand the visual impairment and how it is affecting the entire family. Encourage brothers and sisters to play with the baby and to help care for the baby; give them a feeling of importance and being part of the baby's life. Be careful, however, not to burden them with extensive babysitting and caretaking chores. Let the children react to the situation according to their own natures and needs. Be sympathetic and let your other children know that their feelings are normal, too.

Relatives and friends will usually take their cue from your attitude and actions. You can convey the fact that your child is a child *first*, and only secondly visually impaired. Explain to visitors that they should treat the baby as they would any child.

Grandparents and other close relatives often go through a grief process both for the baby and for you. Make it clear to them that your relationship with them has not changed. They will probably have questions about the baby's visual impairment. If you talk about it openly, they will feel more comfortable asking their questions. This will give you the opportunity to clear up any misconceptions and gain their valuable support. Even as the child grows older, family, neighbors, and friends will all get their initial impression of your child from your attitudes.

Unfortunately, friends and relatives are not always understanding. For reasons of their own, they may try to assign blame for the visual impairment. Many a young parent has been told, "We never had a problem like this on our side of the family; it must come from yours." This kind of fingerpointing can be devastating. Blaming someone else for the visual impairment will not help. Seek counseling if this becomes a problem in your family. You might also talk to other parents of visually-impaired children to learn ways they handled such situations. The important thing is not what caused the visual impairment, but rather, what can be done about it *now*.

Occasionally, a stranger, acquaintance, or someone you know well may behave rudely or thoughtlessly. Try to handle their comments calmly. You may need to develop thick skin in dealing with these situations. There are some questions or comments you will hear over and over again, such as "What's wrong with his eyes?" You can develop a prepared short, stock answer and use the situation constructively to educate others. Often, negative reactions and comments are based on ignorance. One mother of baby twins—not handicapped, but always attention grabbers in a double stroller—dealt in this way with the frequent remark: "Twins! Double trouble!" She always answered, "We prefer to think of it as double pleasure." It is not just a child's visual impairment that solicits unrequested advice and comments.

You may want to assert yourself if someone asks offensive questions. Remember that a child at the toddler stage may understand your response and your attitude. For example, if someone in the grocery store asks, "What is wrong with your baby?" a simple response could be, "My baby has a visual problem.

She is a good baby and we're just crazy about her." Listen first, then do what you think best. You can set the tone. Try to be upbeat and positive.

Taking time for you

Having time for yourself is important in coping with raising any child. You need time for yourself, as well as time for your spouse and other children in the family. Your child should be a vital part of your life, but should not be allowed to run your whole life. If allowed to do so, your child may well become permanently dependent on you. In the words of a parent of a visually-impaired child, "If you let your child run your life, he can ruin your life and you can ruin his life."

Sometime during the day, look for ways to relax, if only for a few minutes. Discover what things you find soothing, perhaps sitting down with your feet propped up, drinking a cup of coffee, listening to music. Incorporate these activities into your day.

Each week, do something away from the house, or have a sitter keep the child at her house while you enjoy the peace and quiet at home. Community and social activities as well as other interests which you planned to continue after your child's birth should not be dropped just because of this child's visual impairment.

Do not feel guilty for taking time away from your baby. Your child will learn that there are other people who can be trusted to take care of him or her. This also gives a relative or sitter a chance to get to know the child better. Begin taking time for yourself when your baby is very young so that he or she accepts this as normal. Select a loving and trustworthy relative or sitter, and then enjoy yourself. Learning to trust others is an important part of your baby's social development.

Creating a flexible schedule

Developing a daily routine can also remove some of each day's pressure. If you work, take the time to develop a schedule with your sitter or daycare center. Everyday tasks can be paced so things are less likely to pile up at the last minute. Besides, your child will probably find a flexible but regular schedule comforting.

Talk to your child; always tell him or her what you are doing. Give the baby visual, auditory, and other appropriate sensory cues so he or she will learn to anticipate what comes next and be prepared for it. For example, a bedtime ritual, such as a song or story, is a signal that it is time to settle down for sleep.

A too-rigid schedule, however, may cause as many problems as it solves. Children placed on a very rigid schedule are sometimes unable to adapt to the slightest changes in their routine. Keeping a regular but flexible schedule accustoms a child to a normal routine and to life's inevitable interruptions.

Throughout the day, work consistently to develop independence in your child. Let your child assist you whenever possible, initially with your hand over the child's. Explain everything that is happening. Take time for hugs. In the words of a mother of a visually-impaired child, "Hugs very often, everyday, make us both feel better and give us a lift." Here is an example of a daily schedule for a young child. Adapt this schedule to fit your own situation. Remember that all babies have their own special waking and eating patterns. Include these in your planning. You may want to write out your own schedule and place it where you, a sitter, or daycare personnel can refer to it.

Morning

- Wake up your child by talking to him as you enter the room.
- Touch and stroke your baby. *(Spend a few moments talking and singing to your baby.)*
- Dress the child.
- Serve breakfast or morning feeding.
- Play a simple game or do exercises with the baby.
- Serve mid-morning feeding (or snack or juice).
- Play with your baby and work with him to explore his surroundings. *(In nice weather, go outdoors occasionally.)*

Whenever possible carry your baby with you in a backpack or sling as you perform work around the house. If you are working in one place, let the child play or nap on the floor in a safe area near you. Carry your baby with you in a backpack or let your child play in a protected area while you prepare lunch.

Afternoon

- Serve lunch or midday feeding. *(Be sure to tell the child what you are doing and what he is eating.)*
- Settle baby down for a nap. *(This is free time for you!)*
- Serve mid-afternoon feeding.
- Play with your baby using a variety of games, exercises, and sensory stimulation activities.
- Serve mid-afternoon feeding.

Carry your baby with you or let your child play in a protected area near you as you prepare supper.

Evening

- Serve supper to the whole family. *(Have the baby sit at the table and drink from a bottle or eat finger foods. Even a very young infant can come to the table in an infant seat.)*
- Prepare baby for bathtime. *(During your child's bathtime, use the opportunity for growth and sensory knowledge.)*
- Dress the child for bed.
- Rock, sing, read a story, or perform some relaxation exercises.
- Cuddle and talk softly to him.
- Put baby to bed.
- Touch your child as you say "Good night."

For suggestions and activities that will help your baby grow, see the "Growth through Games" section of this book.

Finally, remember to make your schedule realistic in terms of your family's life style. Do, however, keep to a schedule. Remember a certain amount of routine is desirable for you, your family, and your visually-handicapped child.

2

OFF TO A GOOD START

The most important factors in your child's early development are you, and the environment, the things which surround the child. Your love provides the child with the encouragement and security he or she needs to grow and learn. The environment you create provides the baby with the materials and opportunities needed for development. Your baby, like any other baby, begins learning at birth from the looks, feels, sounds, smells, and tastes of the surroundings. Even if your baby is content, avoid long periods in the crib.

Exploring and interacting

At first, every young child needs help to explore and interact with the things around him or her and to understand experiences. Children must learn that sensations are associated with people and objects and that they can use their senses to gain information about them—their size, shape, proximity, and function.

Much of this early basic learning occurs through play. A parent begins to play with the baby, perhaps by cuddling, holding, showing him or her a toy or household item, or starting a game. Through gestures and words, the baby is helped to focus attention on particular sensations and to interpret them: "Do you hear that? That's your rattle. Where is it?"

As babies grow older, they start to interpret the information their senses give them without adult help. They also begin to imitate things other people do. After seeing an activity, children try to repeat it. As soon as they discover more and more activities and explore through trial and error, youngsters begin to undertake more and more of their own learning.

A visually-impaired baby follows a similar course in learning about the environment and grows in a like manner toward independence. However, because this child is limited in what he or she sees, there are some special difficulties. The extent of a visually-impaired child's "special difficulties" varies a great deal.

Providing a rich environment

In addition to love and security, one of your visually-impaired child's greatest needs is for an especially rich stimulating environment and constant encouragement to explore it. Because he or she cannot see, or has limited vision, your baby may not be aware of people, objects, and events unless he or she touches, hears, smells, or tastes them. With little or no vision, your baby is not tempted or motivated to explore and may seem content to stay quietly in a crib. You must help in overcoming this by bringing the environment to him or her. Remember to talk with your child often, explaining what is happening in the immediate environment. Comment on natural sounds as they occur, not just the sounds from television, radio, and so on.

Unless your baby is sleeping, let him or her be up and about. Carry the child with you in an infant sling. Or place him or her in a protected area on his or her tummy down near you as you work around the house. If you do this, return to your child often to touch, talk, and play. Talk to your baby from different areas of the house. Be sure to let your child know when you are going to pick him or her up or play by giving a cue—sound, touch—first. Provide

special opportunities for the development of his or her remaining senses by using some of the activities and materials suggested at the end of this chapter.

If your baby has remaining vision, be sure to hold objects within the baby's visual field. And let your baby explore the things he or she cannot see by touching them. Guide both hands over the object or toy as you introduce it; show how it works; use its specific name; and describe it orally.

This verbal information may seem pointless at the time, but babies do store information and gradually put it in perspective. Repetition is essential. It will take time to introduce your child to the world in this way, but it is the only way the child will be able to learn about it, to make sense of the information his or her senses bring, and to use that information to become independent. Begin from birth explaining toys, household objects, and happenings to your child and encouraging exploration. If you do this every day, it soon becomes second nature.

At first, your baby may be reluctant to touch things or to be held closely. This is especially true of babies who were in incubators for more than a few days after birth. You may need to accustom your child gradually to being touched, cuddled, and exposed to unfamiliar sensations, but love and gentle persistence on your part will overcome this initial reluctance. It is important not to "back off" or to give up if your child shows initial resistance. Persist and consider modifying your approach.

Skill building with your baby

Visually-impaired children have special difficulty taking developmental steps in which sight plays a crucial role. When working on the skills listed below, place your baby on his or her stomach often. And do this from birth. Many babies do not like this position at first, but stomach lying is important for developing head lifting, head control, and the muscles of the upper chest, neck, and shoulders. Without this motor development, other important skills will likely be delayed. Your child, although following the same developmental steps as any other baby, may need particular help from you in the areas:

Using fingers, hands, and objects at midline

Babies with good vision reach a point in their development when they become absorbed in watching their hands. They move from this into a period of hand play—one hand playing with the fingers of the other, usually over the middle of the body (midline). Soon after, they begin to reach out and handle objects with both hands. Then they explore the objects and transfer or change them back and forth from one hand to the other. Visually-impaired babies, possibly because they have not had the benefit of watching their hands work, sometimes begin using their hands at a later age than other babies do.

To help your child practice bringing both hands together at the midline, try putting various objects on hands and wrists: jingle-bell bracelets, mittens, bright socks, yarn pom-poms, small inflatable arm floats—anything that might focus attention to the child's hands. Be creative, and look around your house for common objects that can be put to this uncommon use. Adhesive-backed package bows or colorful ribbons are good examples.

You may also want to encourage hand use with slightly larger toys. Larger toys require both hands to feel and hold at once. Hang these objects over a crib or play pen from elastic, string, or ribbon and encourage your child to swipe and hit at them. Include things that are colorful, make noise, and have an interesting texture. Also, to help him or her bring hands together along the midline, play games such as patty-cake with your child. For some children, lying on their side encourages midline skills more than other positions.

Babies like to play with their feet, too, and many of these ideas just mentioned can be used to interest your visually-impaired child in feet. (It is easiest for the child to play with his or her feet while lying on his back.) In addition to using tactile objects to catch attention, take advantage of the sense of smell by dabbing scented lotions or perfumes on your baby's hands or feet.

Reaching out for sound-making objects A sighted baby reaches for objects mainly because he or she sees them. This ability usually develops at about five months of age. The ability to reach for an invisible object based only on the *sound* it makes does not develop until later. Valuable time is lost by the visually-impaired baby who depends on sound clues to locate objects. He or she will often not begin reaching for objects until ten or eleven months of age.

To help your child learn to reach, provide many opportunities for practice of this skill. Have a variety of sound-making playthings for the child to explore: rattles; squeaky toys; chime toys; sealed plastic bottles, small boxes, or egged shaped stocking containers filled with rice or beans; a toy xylophone or drum; bells; and so on. Begin trying to interest the child in reaching out when he or she is several months old. Don't expect instant results; it may be many months before your child can confidently reach out for an object, but it will be fun to practice if you treat it as a game.

Begin by letting your baby play with a sound-making toy for a few minutes; let him or her hear its sound and inspect it. Then take the toy from his or her hand and hold it a few inches away. Sound the toy and encourage the child to reach toward it. If the baby makes no movement to do so after several tries, guide his or her hand to the toy and sound again. Then try the activity once more. If the child moves a hand even slightly toward the toy, praise him or her, also give him or her the toy to play with for a few minutes. As your child learns to reach for a toy, move it a little farther away each time. Later, hold it in different positions around the child for him or her to locate and reach for it.

If, at times, you cannot be with your baby to practice reaching, hang a mobile of sound-making objects and brightly colored objects with interesting textures over the crib, play area, or infant chair. (Objects can be attached to a wooden dowel with elastic.) Hang the mobile so that one or more of the objects will brush a hand if he or she moves slightly.

Learning to move about Obviously, learning to get around in one's world is very important, and, particularly in a visually-impaired infant, must be encouraged from an early age. To begin with, a baby needs to have a sense of trust and security to feel it's okay to venture out. It's your job to provide this sense from the day your baby is born by making your house *safe* to move around in and *interesting* so he or she will *want* to do it.

Tempt your baby to move about by making it fun and rewarding. Use toys that your baby likes to encourage movement. Invite the child to crawl towards a flashlight, pull himself up by the sofa to play with a textured pillow, or creep to reach a squeaky toy, and so on.

Be sure your home invites movement. Your child may become afraid to move around on your floor if it is slippery and he or she takes a lot of falls there. If a tile floor is cold, the baby may decide to lie quietly in a carrier seat. If your child tries several times to pull up to a standing position on an ottoman that rolls away, he or she may get the idea that just sitting and crawling are plenty interesting enough for him.

So encourage your child in all things to be independent, and then make sure you're putting him or her in the best possible position to succeed at it.

Stimulating the senses Here are brief descriptions of some sensory stimulation suggestions. Many of these ideas came from parents, so feel free to adapt, experiment, and add your own ideas to those which are listed.

1. As a plaything for your child, make a mobile of items which are brightly colored and have interesting textures. Use elastic to tie the items to a dowel fastened across a crib or corner of a playpen. (Elastic will stretch, presenting less of a hazard should the baby catch the elastic around his or her neck.) Try a brightly colored set of measuring spoons; small foil pie plate or muffin cup; brush; sponge; pot scrubber; large yarn pom-pom; large jingle bell (more than $1\frac{1}{2}$ diameter); squeak toy; egg shaped container, aluminum foil or tinsel.

2. Make a "texture mat" using washable, brightly colored and patterned fabric scraps with distinctive textures—velour, satin, terrycloth, dotted swiss, rough corduroy, fake fur. Sew large squares together or stitch odd-shaped pieces to an old sheet. Iron-on tape may be used in place of stitching. Use the texture mat for a play area. Help your baby explore the different textures.

3. Stroke your child's body with fabric and other items which have different textures—a powder puff, towel, feather duster, or a soft brush—to accustom him or her to being touched. Also use lotions, powders, baby oil, and creams.

4. Water play can be fun for your baby. Let him or her experience the sensation of water running and the difference between warm and cold. When your child is older he or she will enjoy splashing in the bathwater, filling containers with water and emptying them, and playing with floating toys. Supervise closely.

5. Playing in sand is a good activity for an older child who can sit alone. Supervise closely. Show the child how to scoop sand into containers by placing your hand over his or hers and perform the activity together. The child can pour sand, wiggle fingers and toes in it, and mound up wet sand.

6. To encourage your baby to reach for his or her feet or bring hands together, sew a yarn pom-pom or large (more than 1½" diameter) jingle bell on a brightly colored sock. Pull the sock on a hand or foot. Shake this hand or foot to draw attention to it, and help the child reach for the sock.

7. There is a variety of visual stimuli which a child may be able to see, at least partially. Quietly turn on a light in a dark room and notice whether he blinks, startles, suddenly becomes quiet or excited, or turns toward the light. If he does, he may be aware of the light. Try the same activity with a flashlight. Shine it in front of his eyes, to the side, and at different distances from him. Cover the flashlight with a piece of colored cellophane and note whether he responds to

various colors. If he seems aware of the light, move it in a slow arc across his visual field. Try to get him to follow the light by moving his head and eyes. If the child fusses or seems uncomfortable, try a softer light. Avoid shining it directly in the eyes.

8. Your child may be able to see light reflected from shiny objects, such as an unbreakable mirror, crumpled aluminum foil or pie tins, silver Mylar balloons, tinsel and shiny ornaments. Hold these close in front of the child's eyes and off to the side. Move them so they catch the light. See if your baby can follow them.

9. Brightly colored objects and patterns may also catch the child's attention. Fluorescent colors are especially bright. Teethers, rattles, cloth balls and other toys in these colors make good playthings. Try to get your baby to follow these visually as you move them from side to side and up and down. Encourage her or him to reach for them.

10. Select bright, boldly patterned wallpaper or posters for your child's room. Brightly colored curtains, crib bumpers, and crib sheets are a good addition.

11. Babies particularly like looking at patterns which are like faces. You can sew or glue simple facial features on a brightly colored pillow to make a "face pillow" for your baby to look at and touch.

12. Use elastic to suspend a sound-making object over the crib, and provide your child with sound-making objects to play with—an inexpensive rattle, squeak toy, bell, toy xylophone, pan and spoon to bang together, ticking clock, toy chimes. Some rattles are made with suction-cup bases for attaching to highchair trays. Tie elastic around other items to keep them from rolling out of reach when your baby is in a crib, carseat, or high chair.

13. To accustom your child to different smells, dampen cotton balls in perfume, vanilla, orange extract, mint extract, or mentholatum. Seal them inside small margarine tubs and punch a few holes in the lid. Let him sniff and compare each of the scents. Other things to smell include: soap, candles, incense, shaving cream, sachet packets, flowers, pine needles, newly cut grass, assorted spices and herbs, different teas, onions, fruit, chocolate, peanut butter, molasses, honey, fresh cookies. Almost everything has a smell, and it can become second nature to you to bring different scents to the attention of your child.

14. You can create an interesting visual display for your child by taping foil in a corner of the room and hanging small colored lights over it. If he or she seems to be aware of light but has not shown awareness of objects, the child may enjoy watching this display from the crib or at a closer range. (Do not use flashing lights if your child is prone to seizures; check with your doctor first.)

15. Your baby will be able to experience the world better if you hold him or her in different positions. Over the shoulder is a good position for looking and listening. By placing the child on the stomach in the play area he or she will learn to hold up his or her head and begin to explore more. You may want to try propping the child up with a rolled-up pillow or small bolster. Before the baby is able to sit alone, try seating him or her inside a sturdy, square box padded with pillows, and place a mobile directly above, close enough for the child to touch.

16. Cooking a batch of instant pudding together can be fun. Place your hand over your child's and help him or her dump in dry ingredients and stir. When you are finished, eat the pudding and use some for "fingerpainting" on freezer paper.

Using the five senses at playtime

Provide a variety of experiences which require the child to use each of the senses: hearing, touching, tasting, smelling and seeing. When a child is young, even the best specialist may not know when there is some vision present. A child who has partial vision must be taught to use remaining vision—it will not develop automatically. And the sooner children begin to use their vision, the better. So stimulate all of your baby's senses.

As you perform these and other activities with your child, it may be helpful to keep these guidelines in mind:

1. Treat the time you spend with your child as playtime, even though you will be teaching things. If the child remembers each experience as being pleasant, he or she will be more eager to participate and learn. Invite play instead of forcing it.

2. Reward even small attempts to explore and participate. Smile, laugh, and touch the child to show you are pleased. If the baby pulls back or is upset by the activity, touch him or her and talk reassuringly. Gently urge the child to try again and reward any attempt made.

3. Talk about any object you are showing and describe what you are doing. Even if your baby is too young to understand your words, it will lay the groundwork for language development, and you will get in the habit of using conversation to help compensate for what your child cannot see.

4. Let the child do as much as he can independently. If necessary, place your hands over his or her hand to show how to explore or use an object, then encourage the baby to try it alone.

5. Repeat activities and present objects the child already knows in addition to trying new things. This will build memory and increase confidence.

3

YOUR BABY'S EYES

You probably first learned of your child's visual impairment from your own observations, those of a friend or relative, or perhaps from a family doctor, pediatrician, or an ophthalmologist. Sometimes within a few days, weeks, or months after birth, you or someone else notices something unusual. Sometimes pediatricians complicate things by being hesitant to diagnose a visual problem.

Regardless of when you received the news about your child's impairment, no doubt it was a traumatic experience. Some parents remember, clearly and painfully, every word spoken during their first meeting with the doctor. Many others say they recall very little after the initial report that their child was blind or visually impaired. They were virtually in a state of shock.

Since that first meeting, you may have had the opportunity to establish a good relationship with your child's doctor and have become fully informed about the eye condition. As a parent, you have a right to know everything there is to know about your child's visual problem(s) and how the visual loss may affect your child and you. Unfortunately, many parents remain confused about the medical information they have received. For these parents, a trip to their child's doctor can be a frustrating and emotional experience. Do not be afraid to "shop" for an ophthalmologist with whom you can talk easily. Ask other parents and professionals for recommendations based on their experiences with visually-impaired children.

Visiting the doctor

There are several things you can do to help you understand your child's eye condition and to make medical visits go more smoothly. Taking your spouse or a concerned relative or friend with you to the appointment will provide you with emotional support. This person can also help you direct the conversation and remember the doctor's comments. Often, just having someone else along will give you the extra confidence you need to keep asking questions until you understand what the doctor is saying. And be specific in your questions. If you do not understand an answer, ask, ask, and ask again. Your friend or spouse may also help care for your child, so you may spend uninterrupted time with your doctor.

Many parents have found that keeping a written record of their child's medical visits is helpful. Writing down in advance any question you want to ask will make it easier to get the most out of your visit. Leave space below the questions so you can jot down the doctor's responses and any additional information. Or, ask your doctor to write down the answers to your questions so you can look them over with other family members at home. Reading back over your notes will help you remember points you might otherwise forget. Also, comparing answers you receive from different doctors can be useful. Be sure to ask for copies of all doctor's reports; keep them together in a safe place. You may want to start a notebook containing your notes, reading materials the doctor has given you, and anything else related to your child's medical records. One mother of a visually-impaired child tape records each visit to a doctor so she can share the information with other family members and professionals.

Asking good questions

Here are some basic questions you should ask your child's doctor. Tell the doctor you want the information and explanations in nontechnical words. Remember to write down your doctor's answers and comments after each question.

1. What exactly is the vision problem?
2. What caused the problem?
3. How severe is the handicap and how will it affect the child?
4. Where is treatment available in the area, and do these facilities specialize in treatment of children?
5. What changes, if any, may occur in the child's vision?
6. What, if any, are the long-range expenses involved?
7. What kind of help is available for parents?
8. Is genetic counseling for the parents advisable?
9. Do any other health problems or related diseases usually accompany this condition?
10. What educational services are available?

Your doctor should be able to explain what is known about your baby's eye condition in clear, simple language. It may take courage for the doctor to face the truth, just as it does for you. In some cases your doctor may not be able to answer your questions, but he or she should be able to explain why they cannot be answered or refer you to someone who can provide the answers. For example, doctors often do not know about the choices parents have in educational programs for their child. Your doctor should be someone with whom you are comfortable and with whom you can discuss your concerns and feelings. If you do not understand and feel at ease with your present doctor, consider finding another one.

Seeking a second opinion

Even if you are satisfied with your doctor, it is a good idea to seek a second opinion from another ophthalmologist regarding your child's eye condition; he or she should be examined by at least one pediatric ophthalmologist. On the other hand, it is tempting to try doctor after doctor, hoping someone will provide a cure, a new treatment, something to hope for. Only you can decide when it is time to stop searching and proceed with whatever treatment is available. Friends and relatives may not agree with your decision to stop searching and accept the situation. But in some instances, medical treatment may not be possible. Endless searching for a new doctor can drain your energy and keep you from giving your child needed attention. Remember: When a doctor tells you nothing more can be done, this applies only to medical matters, not educational matters.

Making hospital visits easier for your baby

Medical visits may be difficult for your child, particularly a hospital stay. Not only is the child in an unfamiliar place surrounded by sounds, smells, and sensations he does not understand, he or she is unable to see clues which would help sort out what is happening. The baby may withdraw from all physical contact, fearful that each touch means something unpleasant—a shot, a thermometer, and so on. Ask the nurses and doctors involved to call your child by name when they enter the room. This will alert the child that he or she is going to be "a part of the action." Right before a doctor or nurse must do something unpleasant to your child, give a warning signal, such as a gentle flick on the heel. Use this signal consistently. Doing so will help your child learn that something bad won't happen every time someone comes near. Hold and talk to your child as much as possible. In a hospital, ask about staying with your baby. Also, ask to be informed about every procedure that will be carried out with your child.

If you cannot be nearby, see to it that a nurse provides the child with positive physical contact—touching, massage, holding. Take along special toys or blankets that will help your child to feel more secure. Don't worry about spoiling him or her; your baby needs all the attention and kindness that can be offered.

After a stay in the hospital or even a regular childhood disease, your child may seem to have regressed—to have forgotten many things you have worked on together. Hold and love your child even more than before. Play and explore together. Your child will "bounce back" and relearn lost skills more quickly than the first time you taught them. Once again, your baby will be interested in his or her world.

4

ROUND AND ABOUT THE HOUSE

It is likely that much of your time at home is spent caring for your baby, cleaning, and preparing meals. If you also work outside the home, the time that you spend with your baby may seem very limited. The good news is that many of your necessary daily chores can be funfilled learning experiences for your baby. This will take extra effort on your part. However, your child will profit from being "out and about" rather than passing time in a crib, and you will be happy knowing that you can spend time with your baby and still finish important household chores.

As has been mentioned, you can keep your infant with you as you work around the house if you use a sling or backpack or infant seat. Most children learn to enjoy a carrier if they are introduced to one early. Your motions as you make the beds, water houseplants, dust, and clean help the child develop a sense of space and direction.

Using sound for orientation

Music from a radio or record player, a ticking clock, or the kitchen refrigerator gives the baby a point of reference for movements. Your child will learn that when you two are closer to a known sound, the sound becomes louder and when you move away from it, the sound is softer. It is, however, important to recognize that constant or near-constant noise from a radio, television, or stereo does not help your baby learn. He or she depends upon a variety of sounds—a door opening, footsteps—to learn about the surroundings. If these sounds are "drowned out" by music or television, the child will be unable to listen for them and to interpret them.

Helping the child learn to play independently

Sometimes, it is difficult or unsafe to carry the baby with you. An older infant may be too active and too heavy to carry for long periods of time. There will also be times when you and the baby need to be apart from each other. The child needs the opportunity to learn how to play alone. Settle the baby near you in a protected area. Put an infant seat, playpen, blanket, or textured mat in the room where you are working or in an adjacent part of the house. Place toys within reach and return now and then for a hug, to offer a toy, or to play a simple game.

There are many items you can leave with the baby that are amusing and learning filled. A mobile suspended overhead is ideal for a baby who is learning to bat and reach for objects. One mother hung her mobile underneath the dining room table. The baby was safely away from household traffic and it was an easy matter to suspend the mobile. When you hang your mobile, place it so your child will bump it if he or she chances to move. Unbreakable plastic toys such as rattles, squeakers, teethers, and stuffed cloth toys are good to have on hand for a young baby when you cannot closely supervise play.

A few infant toys are manufactured with suction cup bottoms. Placing one of these on the floor, a highchair tray, or any nearby flat surface provides your child with a toy that cannot roll out of reach and mysteriously "disappear." A talking toy with a string to pull for a recorded message or sound will interest an older child.

It is handy to keep a collection of toys and interesting household items in the areas where you spend the most time. It is not necessary to spend much money.

Your kitchen is a storehouse for items that will interest your child—pots, pans, lids, boxes, crumpled foil balls, disposable pie tins, coffee cans, wooden spoons, and bright plastic dishware. If you set aside a kitchen cupboard or special box for playthings, you can teach several lessons: Your child will know where to find special playthings, clean-up will be easier, and it will be less difficult to teach the baby what he or she can have if there is a place for appropriate toys!

Talking to your baby

Remember that it is vital for you to describe for your child what you are doing as you go through the day's activities. One of the most important things you can do for your baby as his first teacher is to talk. Use clear, simple language to explain what you are doing, where you are, what is going on, and what he or she is touching. Do not feel foolish carrying on long conversations with a baby who cannot talk and does not understand much of what you are saying.

It is best to get in the habit of verbalizing early. Be sure to use simple words which describe locations —right, left, over, below, beside. Name and describe objects and call attention to sounds, smells, and sights around the house. Give the baby time to answer and "talk" to you. She or he will not understand your words at first but will become familiar with speech patterns and learn to carry on a conversation of sorts by listening and babbling a response. To encourage babbling, imitate the sounds the child makes; maybe he or she will repeat them back to you. Place the baby's hands on his or her cheeks as the child babbles and on your face as you talk. To stimulate babbling and talking, play back a tape recording of the baby's own voice.

Watch your baby's body for attempts to communicate, too. Does the child wave hands or arms, grow still, point or reach out? You may need to watch closely. When your baby is most intent, quiet may reign. Small motions can mean a great deal, but may go unnoticed unless you are observant. When possible, show your child that you understand attempts to communicate by responding—by providing the desired toy, picking her or him up, and so on. A baby needs to learn that he or she can have an effect on

what takes place, that communication is worth the effort!

It is also important for you not to anticipate every need. Make the baby work a little to make needs understood. Give the child time to "ask" for things or respond to your questions. This is how a child learns the give-and-take of everyday social contact.

Making your routine count

Here are more specific ideas for including your baby in your daily activities:

Dressing

Dressing or changing your baby is an excellent time to build body awareness. Name body parts as you touch them. "This is your foot!" Play games such as "This Little Piggy." Name clothing and specify right and left. It will be especially important for your child to know right from left later during mobility training.

Talk about what you are doing and ask for help. "I'm putting your right foot in your sock," "Give me your shoe." Also, call attention to textures and colors—a fuzzy sweater, soft flannel pajamas, a red sock. The child may or may not be able to see colors, but he or she lives in a world of colors and should know the names for each.

Outdoors

If you have light yardwork or simply a little time to spend outside, your baby will enjoy being with you when the weather is pleasant. At first, the child may seem wary. Stay close to him and make your first outdoor excursions brief. The sounds, smells, and sights outside the house may be new and will take some getting used to!

Encourage outdoor activities that require the use of large muscles—tossing a ball, crawling to chase it, kicking, pushing a stroller. Tempt your child in any way you can to get up and get moving! Let him or her feel grass and a tree trunk, smell flowers, and get a little dirty! An older baby will enjoy playing in fallen leaves or a sand box. Name the objects your baby encounters and point out things such as the sun's warmth, a cool breeze, and the sounds of birds, traffic, and other neighborhood noises. One father, whose infant daughter at first resisted outdoor trips, now finds she loves to feel the wind, rain, and snow on her face and hands. If you begin early, your child will learn to feel at ease outdoors.

Mealtime

The kitchen contains many exciting aromas and interesting things to taste. In many households, it serves as the family's gathering place. As much as possible, let your baby be present while you prepare and eat meals together. A toddler can help stir and dump ingredients into a bowl; perform the activity with him or her by guiding the child's hands.

A younger child may enjoy sitting in his highchair and sampling what you are preparing for dinner or tasting finger foods of different textures—cheese, a crumbled cookie, cereal bits, small pieces of bread. The child may reject some foods because they feel "funny." Be persistent and patient and he or she should grow accustomed to the textures of most foods.

As you set the table, name plates and utensils and tell who sits at each place. "This is Daddy's plate. That is your brother's plate." When it is time for the baby to eat, relax. It will be messy, but spills can be wiped up and some of the food will end up where its supposed to. If you are relaxed, mealtime will be easier for you and your child. Feeding time can also be an opportunity for you to stimulate your child to use any vision. A favorite food can be a powerful motivator for the child to follow visually, reach out and grasp, or spot on the tray. Finally, mealtime is a social time. If possible, have the family eat together. Let different family members feed the baby and always include the child as you talk to one another.

Riding in the car

Many young children are fascinated by the motion of cars. Your child, too, may enjoy going with you on short trips in the car. Be sure to use a car seat, regardless of the length of the trip. Settle the child in it and call attention to the sounds the car makes as it starts and to the feel of the motor's vibrations. If the weather permits, roll down the window so sounds along the way are more distinct. This will also help the child become aware of the car's relative speed. Point out that lots of air movement means the car is going fast and that very little means the car is going slow. Describe where you are and mention things such as the feel of a bumpy road or railroad crossing, the sound of other cars at a stoplight, the noise made by the car on a gravel road, and the sensation of going up and down a hill. For example, "Here come the train tracks—bump, bump!" "First we go up the hill," or "Now we go down the hill." Keep several toys in the car to occupy the baby in case of restlessness. Choose those which have smooth rounded corners and will not break into sharp pieces, for instance soft plastic or stuffed toys. Tie these toys with elastic to the baby's car seat or suspend them from an overhead coat hook. Doing this will keep toys within reach and will keep them from being tossed about inside the car.

When the car is parked, sit behind the steering wheel with your child. Let him hold the wheel, turn on the windshield wipers, honk the horn, and pretend to start the car. You can supply the "vroom-vroom" sound of the engine!

Grocery shopping

Going to the grocery can be an exciting and educational outing for your baby. A toddler will enjoy examining the cart. You might let him or her push it a few steps. After you have settled the child in the cart, call attention to its motion and to the different sounds around you. Allow the child to feel things, particularly the produce. Point out the different smells, textures, and shapes of coconuts, bananas, oranges, and other fresh fruits and vegetables. Let your child touch foods in the refrigerator and freezer sections. Say, "Feel the cold ice cream!" If your store has a coffee-grinding machine, let your child listen to it working. Encourage your child to feel the coffee beans and smell the fresh-ground coffee. As you move along, through the store, explain what you are buying and who it is for. For example, say, "This is Mommy's soap. These tangerines are for your sister's lunch." Let your child put items into the cart. If your store has a bakery, your toddler will enjoy a visit there to buy a cookie. If the bakery has a separate register, let the toddler pay for the cookie, thus he or she will learn that store items must be paid for. When it is time to check out, demonstrate how the conveyor belt moves and let the child put some things on it. Also, tell the child to listen to the cash register as your purchase is rung up.

Doing the laundry

When you wash clothes, there are many interesting things for your baby to smell, touch, and see. Let him or her help put clothes in the machine, smell the detergent, and help you add it. After you turn on the machine, point out the sound of running water and the vibration of the machine. Later, have the child touch both wet clothes and fresh-from-the-dryer clothes. Take time to show him or her fabrics of different textures—looped cotton, flannel pajamas, corduroy, denim, a thick towel, a fuzzy sock, a silk blouse, and so on. Hold a brightly colored sock in front of the child's eyes and try to draw attention to it. Move it slowly to see if the baby will follow it visually.

Bathtime

Bathtime is an excellent time to help your child become aware of his or her body and learn to tolerate and identify different sensations. Let the child play in the soap and water. Point out the smell and slippery feel of the wet soap, the roughness of the washcloth, and the difference between warm and cool water. A bubble bath can be a special treat. Let your child scoop and blow the bubbles or fill a pail with them. Name body parts as you wash. Place your hand over the child's hand to encourage him or her to help. An older child will enjoy splashing in the water and playing with simple bath toys—containers to fill, objects that float, a sponge to squeeze, and a brush or scrubbie. Keep a small plastic pail of these items on hand in the bathroom. As you dry your child, talk again about body parts and specify left or right. Tell him or her what you are going to do before it happens to prepare for different sensations. Say, "I'm going to put lotion on your left arm. Where's your left arm?" Let him smell items kept in the bathroom—aftershave, shampoo, body lotions, shaving cream, perfume, powder.

Bedtime

Because your child may not be able to tell that it is dark and time for bed, a special ritual will help mark the end of the day. You might want to rock your baby, read aloud, or play soothing music. Whatever works best. If you develop a relaxing bedtime routine, it will be easier for your child to go to sleep.

By now, you realize how important it is to talk to your baby, to explain who, what, where, how, and why. It is not always easy to think, act, and explain your actions all at the same time. Your child will depend on words, however, for information normally gained visually. Thus the first years are crucial. You are paving the way for the future, so start talking and have fun!

5

NO LONGER A LITTLE BABY

Throughout this guide, we have stressed the idea that your child is more like other children than different from them. Your child has a special need for your love, your encouragement, and a stimulating environment. Beyond these requirements, however, most of his or her needs will be the same as those of other children. Remember that the issues you will face in raising your child face every parent—feeding schedules, health care, potty training, discipline, safety concerns, and more. Many excellent books are available on these subjects, and the tried and true advice of other experienced parents can be invaluable. For this reason, these subjects are not discussed in detail here. A few points, however, deserve mention.

Making your home safe

You will want to make your home a safe, yet interesting place for your baby to play and learn. Remove dangling appliance cords, cover electrical outlets, and take extra care with such unstable objects as an ironing board or lamp that the baby might pull down. Be certain to place medicines, poisons, poisonous plants, cleaning compounds, and objects with sharp points or edges safely out of the child's reach. But do not put all your things away! Your child needs more opportunities than other children to touch and explore a variety of things. So leave safe household objects in their usual places. As much as possible, arrange your home so your child can explore freely without a discouraging "no" from you when he or she reaches out to touch.

It is a good idea to develop the habit of returning things to their usual places when you straighten up the house. And more importantly, rearrange your furniture as seldom as possible. By keeping things in their places, you will increase your child's independence, because he or she will know where to find things. It is especially important to keep your child's things in an established place. The toddler will feel more secure knowing where to find toys. Also, as the child begins to learn to put on clothes independently, he or she will need to know where to find shoes, socks, and so on.

Because your child cannot see or has limited vision to search for things, help in the development of organized habits now—toys in the toy box, jacket on the hook, toothbrush in the holder by the sink, and so on. If you must change something in your home, talk about it and show your child what you are doing.

To encourage your child to move about and for added safety as he begins to explore the house, provide a firm, non-slippery walking surface. Eliminate skittery throw rugs and shiny waxy floors until the toddler is older and more sure-footed. Be sure to close off or attach baby gates in front of stairs, porches, and deck openings; as your child gets older, make certain he is aware of these potential hazards. Use tactile clues, such as different floor textures near the top of steps.

Providing orientation clues

You can help your child learn his way around the house by providing other sensory clues, for example, wind chimes outside the back door, a doormat by the front door, a ticking clock in the bedroom, or visual or tactual clues on the doors or walls of various rooms. If your child has very little or no vision, you may want to show him or her how to walk with an arm held in front to check what lies ahead. For added security, the child may trail the wall with the other hand.

Supervise your child, but let him or her explore and learn by taking bumps and falls. A toddler will become more fearful of moving about if he or she senses that you are anxious or if you overreact to little spills. You serve as the "Environmental Protection Agency," protecting not only your baby but your home and your own peace of mind. Keep the child from dangerous situations, but do not over shelter or deny everyday experiences.

Setting limits

When your baby is very young, there is no need for discipline. A baby communicates with you through laughs and cries and you respond by sharing in play and by caring for his or her needs. But as a child grows older and learns to get around independently, it will be necessary to set some limits. The child must learn that no one can have everything one wants immediately. Decide on reasonable limits and stick to them. If limits keep changing, your child will not know what you really want or expect.

As much as possible, structure the environment so the child can explore more freely and safely. There will be times, however, when a child starts a dangerous or undesirable activity and must learn to respect your "no." Either remove the child from the situation or provide a distraction.

In some situations, you can help your child learn responsibility for actions by relating misbehavior to its consequences. For example, two-year-old Sara had been shown and told several times not to pour her juice on the floor after she had had all she wanted to drink. One morning, as her mother watched, Sara slowly and deliberately poured her cup of orange juice over the floor. Her mother responded by repeating to Sara that she is not to pour her juice on the floor. She showed Sara that when she pours out her juice, there is no more to drink and there is a sticky mess on the floor. Then she had her daughter help clean up the spilled juice. Sara's mother treated her with respect, but was firm and consistent.

Your visually impaired child also deserves consistent, fair treatment. Explain to relatives and friends that it is important to say "no" when your child is misbehaving. Even though he or she is visually impaired, the child should not be allowed to misbehave while a sighted child doing the same thing would be dealt with more firmly. As your child grows older, he or she should be responsible for actions and respect the same established limits that apply to his brothers, sisters, and other children.

Dealing with negative behavior

A special type of undesirable behavior you should be on the lookout for is self-stimulation. Most children and many adults develop habits which are self-stimulating such as thumb-sucking, teeth grinding, rocking, or masturbating. Some visually-impaired children who perceive light may occasionally stare at a light source or move their fingers in front of their eyes in a flicking motion. Other children develop a habit of rubbing, poking, or pressing their eyes with the backs of their hands or with their fingers. An infant left lying on his back for long periods may rub the back of its head on the crib mattress or floor. Watch for these behaviors and stop them before they become established habits.

Many of these behaviors start as experiments with different sensations. If you do not discourage your child from doing these things, he or she will think that such behavior is permissible. It is much easier to stop such behavior at an early age before the habit becomes ingrained.

Children usually self-stimulate when they are bored, so when you notice these behaviors, involve your child in an appropriate, interesting activity. Provide plenty of exciting sights, sounds, tastes, and textures, and direct the child's attention outward.

At times, just placing a quiet hand on your child will be enough. Self-stimulating habits are not just unattractive; when children engage in them, they withdraw from the environment. More than other children, your child should learn to turn outward, to the many experiences the environment holds.

As you begin setting limits for your child's behavior, both of you will undoubtedly have angry feelings from time to time, particularly as he or she

grows older and becomes more of an individual. This is how things should be. A strong will can be of special help in meeting the challenges of a visual impairment. Channel this will and determination, but do not break the child's spirit.

Expressing feelings

When you are angry, let your child know that you do not like such behavior, but that you still love him or her. For example, instead of telling a child that he or she is "bad" for hitting someone, focus on the action. Explain that hitting hurts, that it is wrong to hurt people, and that people feel sad and angry when they are hurt. Show the anger in your voice and in a simple and direct way, say why you are angry.

Help your child identify anger. Young children are sometimes confused by their feelings and need adult help to define and verbalize them. "Eric, you're throwing your toys. Are you doing that because you're mad because I won't give you another cookie?" Let the child know that it's all right to be angry and demonstrate some acceptable ways of expressing anger, such as hitting a pillow or talking about it. This may be very difficult for you at first, since you are probably feeling angry too.

There are many good books and articles on discipline and child management. Realizing that no one has all the answers on how children should be raised will be helpful to you. Use good common sense and pick what is appropriate for you, your child, and your situation.

Talking with the child about seeing

Finally, you may want some suggestions for talking to your child about his visual impairment. At first, he or she may have only a vague awareness that something is different. The child may be confused by your ability to sense things that he or she cannot. For example, how do you know that his blanket is across the room in a chair or that the car that pulled into the driveway is Grandma's? When the child is old enough to understand, you might begin by explaining that people use their eyes to see, just as they use their ears to hear. Point out that you can see the blanket across the room, but because his or her eyes do not work properly, he or she cannot use them to see it. Explain that this happens to some people. Explain that other people cannot hear because their ears do not work correctly and that some are not able to walk or do other things.

From your first talk, emphasize the idea that while there will be some things that will be difficult to do without seeing, there are other ways to do most of these things. Focus on the things your child can do rather than discussing the visual impairment in terms of "because you can't see, you won't be able to . . ." A very young child will probably accept visual impairment without much ado. Later, it will be natural for the child to feel and express frustration and anger at times. Assure your child that such feelings are normal, and continue to offer your love and encouragement.

Maintaining a positive attitude

You must be realistic with your child and with yourself. His or her visual impairment may limit the ability to perform some activities. In some areas, however, your child will be able to compensate in some way, and lack of vision alone will not keep him or her from being an active, happy child and adult. Unless there are additional, severe impairments, the child can learn self-support and care and experience the confidence and sense of self-worth independence brings. If you maintain this kind of positive, realistic attitude about your child's visual impairment, it will influence his or her self image.

Although your child's adulthood is many years away, your positive expectations and the love, security, and experiences you offer now will help him or her grow into a secure, productive adult.

6

EDUCATION— NOW AND TOMORROW

Although your child is young, it is natural for you to begin to think about the future. What kind of school should the child go to? What kind of job will he or she hold? What kind of adult will the child become? Since you will be the one to decide where and how your child is educated, it is wise to prepare yourself and to find out now what your options are.

In recent years, more and more special children with various impairments have been mainstreamed; they are placed in regular classrooms with children who are their peers. This has happened because laws enacted in recent years require handicapped children to be educated in "the least restrictive environment." This means they are entitled to be treated as much as possible like nonhandicapped children, and not to be set apart from the rest of society as they often have been in the past.

However, it is not appropriate for all children to be mainstreamed into regular classrooms on a full-time basis. The "least restrictive environment" for a child depends upon the type and severity of the handicapping condition, as well as what is available in a particular geographical area. Your child may be eligible for mainstreaming. He or she might spend all day in a regular classroom with other children or might spend part of the time with a teacher trained to teach the visually impaired. If mainstreaming is not possible or is deemed less educationally appropriate at this time, you may choose an alternative. Placement in a residential school for the visually impaired; a public school with special classes for visually-impaired students; or a day program with a private agency for handicapped children are several options.

Consider the options

It is your responsibility to learn about all these options and then to decide what is best for your child. Teachers and other professionals can often assist you in discovering what is available for your child. Children with visual impairments need their parents' involvement in their education even more than sighted children do. Remember, you are the parent and you know your child better than anyone else does. Sometimes professionals and experts can be intimidating; they have their own biases based on their backgrounds and experience. But no one is as expert as you are at being a parent to your child!

It is not too early to begin considering these things, though your child might not yet be at the walking stage. Laws on early childhood education vary from state to state—some begin at birth; some at three years; some later. You need to learn about the rights of your child; begin by learning about such laws as PL92-142, PL93-112, and the Rehabilitation Act, Section 504. Be sure to inform local school administrators as soon as you discover the child's visual problem so they can properly prepare personnel and allocate resources.

To find out what programs are available in your area, contact your local school district; the State Department of Education, Division for Special Education; a state agency for the visually impaired, such as the Commission for the Blind; or your state's school for the blind and visually impaired. You are your child's best advocate in obtaining services to which he or she is entitled. It is your responsibility to learn what your rights are concerning those services. So, above all, be persistent!

Whether there are several programs to choose from or just a few, go visit them and take your child along. Compare them. Talk with the people who would work with your child and observe their manner with the children already at the facility. Ask for the names of parents with children in the programs and talk with these parents. They can give you their insights from the perspective of a fellow parent of a visually-impaired child.

Checking out educational facilities

When visiting schools and other facilities, you should keep the following factors in mind in order to decide on the best option for your child:

1. The attitude of the teaching staff toward you, your child, and other children in the program Teachers should be warm, hospitable, cheerful, and positive. Evaluate your gut response to them and the atmosphere they create in their programs.

2. The type of support services available Ask yourself if the program provides physical therapy, mobility instruction, low vision training, a parent support component either individual or group, and so on. Determine which of these are most important in your situation.

3. The functional level of children in the program Functional level means not the actual age of a child, but the level of the skills the child can perform. For example, a two-year-old child who has the skills of an average eighteen-month-old is on the functional level of eighteen months. Your child needs to be in a program with children who are at a similar or, preferably, slightly higher functional level.

4. The distance your child must travel and the availability of transportation These factors are important to you as well as to your child.

5. The components of the program Find out if the program meets specific skill needs of your child. These could include skill strands in self-help, language development, and gross and fine motor skills, sensory and visual stimulation. Look, too, for opportunities for play with non-handicapped children.

6. The physical environment The classroom should be cheerful and child-oriented. It should also contain appropriate toys and good play areas inside and out.

7. The time available for working with parents and visiting the home.

8. The opportunities for individualized learning Parent groups can often provide very helpful information about programs. As you explore program options, ask about local parent organizations. Some states sponsor a yearly retreat or workshop for parents of visually-impaired children. Ask about this as well. Keep in mind that many programs and services for either children or parents began because parents banded together to voice their concerns and work cooperatively in doing something for their children. To get names and addresses of other parents in your area, try asking your child's ophthalmologist, teacher, and the state bureau or commission for the blind.

There are a number of considerations of which you should be aware as a parent working with a teacher or other professional in a home-based program. The remaining part of this chapter is devoted to suggestions for parents, as well as teachers, who are involved in an educational home-based program for a young visually-impaired child.

Home-based programming

Your child's early education will be probably home-based. As the parent of a visually-handicapped child, you are your baby's biggest fan. You want the child to succeed. Hopefully, you have a support group of teachers, social workers, doctors, and other concerned persons around to help you help your child survive and thrive in a sighted world. In some home-based programs, there are a number of professionals involved in addition to a teacher. These can include nurses, speech therapists, and orientation and mobility specialists. Perhaps the most important are the professionals, often including a teacher, who come to your home to see you and your baby in action. Get as much help as you can. Unfortunately, not every state offers these needed services.

Making the most out of home visits

There are several things you can do to derive maximum benefits from your home-based teacher. First, be prepared for the teacher's visits. Keep a running list of questions that may occur to you between visits and have it ready when the teacher arrives at your home. Arrange your schedule for the visit so that both you and your baby are rested and ready to learn. Eliminate interference, such as the television. And do try to keep the appointments you have made; valuable time and energy are wasted when a teacher must rearrange his or her schedule.

Next, get others involved in the teacher's visits. You, your spouse, and any person who shares the responsibility of caring for your visually-handicapped child, such as a grandparent or an older brother or sister, will all gain from participating in the home-

based teacher's visits. But to keep distractions to minimum, it might be wise to arrange for younger children who may be disruptive to stay with a relative, a neighbor, a daycare center, or a babysitter during these times. Talk this over with the teacher and decide together what will be best in your situation.

Working with the teacher

When the teacher is in your home, allow him or her to feel comfortable. You and the teacher are partners in enhancing your baby's development and growth as a person, so it is helpful for you to have a positive relationship with each other. When the teacher has suggested resources or activities that have been successful, say so! Everybody needs a word of encouragement. Also, if the teacher suggests something that does not work out or seems awkward, mention that perhaps a change is needed.

Because the home-based teacher is only one member of the group of people who will be helping you, it is your job to coordinate the ideas and activities of all the professionals with whom you work, so that their programs will help one another. Meet with them periodically as a group. And do not hesitate to speak up and offer your own opinions and suggestions. Caring for your visually-handicapped child is an important part of your life, and you know best what your child needs. But remember—while parents are often the best observers of their child, they are not completely unbiased of their child's actions and behavior.

It is equally important, to you as well as your child, that you not neglect your other interests. The suggestions others may offer for your child's learning program can be fitted into your daily schedule and lifestyle, once you let experts know your desires, your capabilities, and your limitations.

There are other types of programs for young visually-impaired children besides the home-based model. Programs in which the child goes from home to a classroom with other children are often referred to as center-based programs. Sometimes, programs combine the home-based and center-based types. The home-based program is, however, more common for children from birth to twenty-four months of age.

Finally, remember to regard other parents of visually-handicapped children as a very good source of support and information. Ask your child's teacher for the names of other parents, and consider organizing parent meetings for everyone's benefit, if there is no such group in your area already. You have a special child who needs some special help. And the help is there for you to take advantage of, if you take the time to seek it out!

7

GROWTH THROUGH GAMES

As your child grows from birth through two years of age, you can aid his development with the games that follow.

The games suggested are labelled by age level. Your child may not be able to play every game at the age level given. This will vary greatly from child to child. The important thing is to play a game you both will enjoy. Be sure to encourage your child to look, listen, feel, smell, and taste as you play.

Birth to three months of age

Toy sounds Introduce your baby to the sounds toys make. Do this in a hand-over-hand fashion. Help the child shake a rattle, squeeze a squeak toy, ring a bell. Name what the toy is and talk about the sound it makes.

Human sounds Demonstrate different sounds you can make. Hum, sing, click your tongue, whistle, and so on. Be playful and have fun.

Sound tracking Play some sound-tracking games. Gently shake a rattle or small bell in front of your baby's face and slowly move it from side to side. This will teach the child to follow the noise.

Finding the noise Finding the noise is a good game to play early and keep on playing. Shake a noisemaker overhead, pause, and ask, "Where's the bell? Can you find the bell?" Ring it again and ask the question over if necessary. It may take a while, perhaps weeks or months of practice, to get your child to turn his or her head or reach for the noisemaker. When that happens, say "That's right! Here it is!"

For variety, play this sound game without a toy. See if he turns when you snap your fingers or clap your hands softly.

Dancing Turn on some lively music and sway and dance to it while holding your baby in your arms.

Finger play With your baby lying on his or her back, let the baby grasp your finger. Then pull away slightly so the child feels some resistance. After a few seconds, draw your hand away and then offer it again for a repeat performance. Or, instead of drawing away, slowly pull your baby to a partial sitting position. Be sure to do this on a soft surface because baby might let go unexpectedly. Also you may need to steady the baby's head.

Up in the air This game is appropriate for almost any baby. Lift your baby up in the air, then a little higher, and still higher. Each time you lift the child higher, talk about what you are doing. Say, for example, "Up you go!" and "Up, up, up!" Then let the baby down little by little. As you do, say "Down, down, down," or "Down you go."

Three to six months of age

Feeling it Raid your rag bag or a remnant shop for scraps of silk, corduroy, fake fur, velvet, and dotted Swiss, and look around your house for terry washcloths, cotton balls, woolly mittens, rubber toys. To play the game give the baby objects and say things like, "This one's rough and lumpy. This one's really soft." Use the various textured items for body massage as well as feeling with the hands.

Paper and stuff Some good game toys are made from paper. Let your child feel cut-up shopping bags, old magazines and telephone books, wrapping paper and typing paper. But remember that paper is not safe for solitary play, because it can be torn into small pieces and swallowed.

Even better than paper are sheets of cellophane and metalized mylar, which are available at hobby and design stores. Because these materials are particularly tuneful when crunched and squashed, and because they reflect light, they make wonderful game toys.

One mother suggested putting paper under baby's feet to stimulate kicking and to learn that feet can make interesting sounds, too.

Mimicking Hold the baby so his face is near yours. Repeat a sound you have heard him say, such as la-la-la or da-da-da. Give him time to repeat it. If he does not seem ready to repeat, try again later.

Blanket toss In this game, two adults hold opposite ends of a sturdy blanket and place the baby inside. Then they gently swing baby from side to side, singing or talking as they move. When the baby gets a little older or feels real confident about this game, try tossing him gently in the air with the blanket. Most babies really seem to love this one!

Lots to hear Sit the baby in your lap, infant seat, or on the floor, and shake a rattle or bell, crumple aluminum foil, or run your finger along a comb. The important thing is variety, so use your imagination. As you go, talk about each noise you make. Tell what it is, how it sounds. Let your child feel and explore each item.

Sniff and smell Be sure to introduce your baby to smells. Let him or her smell different flowers and herbs in the park or backyard. Also try wood, damp sawdust, or pine needles. Leaves will sometimes give off interesting scents when you crush them in your hand.

At home, collect a variety of items with different scents. One by one, take a sniff, talk about the smell or scent, and let your baby smell. Rummage around in the spice cabinet for such things as vanilla, lemon, peppermint, and almond extract, and in the refrigerator for fruit juices, lemons, limes, oranges, and sweet pickle juice. Most of these are sweet smells. Don't overlook other smells such as garlic, onions, dill pickles, coffee, and tea. In the bathroom, hold smelling sessions with perfume, powder, cologne and after shave lotion.

Nursery rhymes Babies begin to enjoy nursery rhymes at this age. Those with actions are particularly enjoyable because they combine rhythm, singing, and physical stimulation. At first, games with rhymes may seem one-sided, with you providing most of the action, but keep at it and soon you will have your child joining in the fun. Try some of the following:

1. Sit baby on your lap, facing you. Bounce your knee as you recite:

   Ride a pony, ride a pony,
   Ride downtown.
   Watch out, pony,
   Don't fall down! (Give a big bounce here!)

2. Say and do the following:

   Head-knocker (Touch forehead)
   Eye-blinker (Touch eyelids)
   Nose-smeller (Touch nose)
   Mouth-eater (Touch mouth)
   Chin-chopper (Touch chin)
   Gully-gully-gully (Tickle under chin—
   babies love it!)

3. Make a fist, and as you say this rhyme, pop up one finger at a time and have your baby feel them:

   Here is a beehive—where are the bees?
   Hidden away where nobody sees.
   Soon they come creeping out of the hive—
   One - Two - Three - Four - Five!

4. And, of course, do not neglect this all-time favorite:

This little piggy went to market,
This little piggy stayed home,
This little piggy had roast beef,
This little piggy had none.
And this little piggy cried,
"Wee-wee-wee" all the way home.

As you recite the poem, pull your baby's toes one at a time, and end with a tickle on the tummy or chin!

5. Hold baby's hands in yours while you recite this classic:

Pat-a-cake, pat-a-cake, baker's man,
Bake me a pie as fast as you can;
Prick it and pat it, mark it with a "B,"
And put it in the oven for [Baby's name] and me.

6. Pull your baby's arm back and forth in a chug-a-chug motion as you sing:

Row, row, row your boat,
gently down the stream
Merrily, merrily, merrily, merrily,
life is but a dream.

There are many good nursery rhymes and songs, so do not limit yourself to these few. Actually, any old rhyme set to an exciting rhythm will be enjoyable to your baby. Try making up rhymes of your own. Eventually, songs will come to you without even thinking about them. Games with nursery rhymes may well be your baby's favorite for a long time!

Six to twelve months of age

Water play Most babies love to play with water. Water play need not be saved only for bathtime. You can half fill a plastic tub and set it in a corner of the kitchen over a plastic drop cloth or place it outdoors on a sunny day. Add some cups, sponges, and bath toys, and let your baby play away at games he or she makes up.

Good water toys include bowls, cups, strainers, and spoons. One mother suggested partially filling a tub with styrofoam packing pieces, macaroni, or navy beans. Be sure to always supervise your baby during this kind of play.

String it, ring Tie a piece of string to a bell or rattle hanging from the crib rail. With your hand over your baby's hand, pull the string to make the noise. Repeat if necessary, talking about how much you like what baby is doing.

Pull the toy Sit on the floor with baby in front of you and show how pulling a string brings a toy to him or her. Use a pull toy that is brightly colored and rings when you pull it.

Newspaper shuffle When your baby is lying or sitting on the floor, crumple a piece of newspaper near his or her ear and toss it to him or her. Then crumple another and toss it. Crumple and toss again and again, until the Sunday paper is consumed and your baby is surrounded by a sea of paper. Then let the child play away!

Cardboard tube fun One of the greatest game toys around is a cardboard tube, such as those which come inside rolls of paper towels, bathroom tissue, and so on. Whisper in your baby's ear through the tube, blow on his or her face and hair, roll a ball through it, or lightly tap different parts of the child's body, naming the parts as you do. Or, if you are really ambitious, try covering the tubes with materials of various textures and let the baby make up games with them.

Fill and dump Fill a container such as a plastic mixing bowl or empty coffee tin with a number of small objects such as blocks, spools, or ping pong balls. Now sit with your baby on the floor and spread the things easily within reach. Pick up an object, say "Watch the block go in the bowl! Hear it drop? Now it's your turn." With your hand over your child's, guide him or her through the activity. After all the objects are in the bowl, help the baby take them out and start over.

Roll the ball Sit down on the floor a foot or two away from your baby, face to face. Show the baby the ball and say, "Here's the ball. I am going to roll it to you. Here it comes!" Ask another adult or older child to participate the first few times you play this game, to help the baby catch the ball and roll it back.

On and off This game is fun to play with a radio or record player and some rhythm instruments including lids and spoons. Turn on the music and begin shaking or tapping your instrument to the beat. Then stop the music and at the same time stop your tapping. Talk about what you are doing and say, "When the music stops, we stop, too!" Then ask your baby to participate.

Twelve to eighteen months of age

Head, ears, knees, and toes Say to your baby, "I'm touching my head. Can you touch your head?" At first you may need to help in a hand-over-hand manner. After playing the game with familiar body parts, try it with words the child does not hear as often, such as elbows, ankles, cheeks, earlobes, shoulders, and so on.

Blowing things Keep several blowing toys in a box for your baby to play with, perhaps a whistle, a toy horn, a party blower, a kazoo, a toy harmonica, or a drinking straw. Blow through a horn. Puff out your cheeks as you do and let the child feel them. Talk about blowing and let the baby try it. It is not as easy as it looks, so it may take some time before your baby can blow.

Singing together When feeding, dressing, walking, or riding, sing with your child. Make up your own songs or sing familiar ones. Choose short simple tunes which repeat words and phrases. First your baby will listen to you, then he will begin to make sounds with you, and gradually he will begin saying a word or two along with you. Some songs you might start with are "Old MacDonald," "Sing a Song of Sixpence," or "Mary Had a Little Lamb."

Balloon toss Balloons move through the air very slowly, and therefore allow plenty of reaction time. Help your baby toss a balloon up. As it floats down, say, "Here it comes!" Get ready to catch it!" A good way to keep it near is to tie the balloon to a string around your baby's wrist or pin the string to his or her shirt. Try putting a bell in the balloon before blowing it up.

Stacking blocks To play this game use four or five lightweight blocks, potholders, or cans. They should be small enough so that your baby can handle them easily. Help by picking one up and putting it on top of another, counting as you go. Then when they fall, be sure to announce it with a "Kaboom! The blocks fell down!" or some other appropriate phrase.

Categories Give your baby a variety of objects to explore that have some connection with each other. For example, when you are in the bathroom, show off a brush, a washcloth, an empty shampoo bottle. As baby plays with the various items, talk about them and demonstrate their use. You can also explore together kitchen utensils, sound-producing toys, and water play objects.

Eighteen to twenty-four months of age

A parade For this game you will need several other children, a radio or record/tape player, and some rhythm instruments—pan lids, wooden blocks, bells, drums, and so on. Line the children up, pass out instruments, start the music, and begin marching in place. Help the children keep time to the music with their instruments. Then have them march around the room, in time to the music. If your child is not walking yet, march around the room in time to the music with him in your arms.

Copy catting Just you and your child can play this game. To make it even more fun, a few more children might join in. Start out by sitting together on the floor. Talk as you go: "I want you to do what I do.

I'm clapping. Let me hear you clap, too." Do this two or three times. Give hand-over-hand help if necessary. After your baby gets the idea, try some other actions. Say "Do what I do. I'm patting my head." or "I'm tapping my shoulders." Once your child understands the idea, you can play this game as "Follow the Leader" or "Simon Says."

Getting in touch Put three or four objects that are quite different to the touch in a box. Let your child open the box and feel the objects. As he or she handles them, talk about how they feel, using such words as "soft," "rough," "smooth," "heavy," "prickly," and so on. Be sure to identify the objects by name, too.

Ring around the rosy Just you and your child can play this game, or others may join in the fun. Hold hands, form a circle, walk slowly and chant:

"Ring around the rosy,
Pocket full of posies,
One, two, three,
We all fall down!"
(Everyone drops to the floor!)

8

TOYS FROM ROUND THE HOUSE

Here are some everyday household items that make fine playthings. Noted are activity uses.

Cooking utensils Pans and pots, colanders, cookie sheets, loaf pans, muffin tins, pie pans, mixing bowls, measuring cups.

Activities Put things in and take them out, bang together or bang with a spoon, stack and nest, compare sizes and shapes. Use in sand and water play.

Brightly colored plastic dishware Cups, bowls, plates, freezer containers.

Activities Stack and nest, compare colors, and sizes, and shapes. Use to get your child to look, put things in and out. Also use in sand and water play. Put ice cubes in to teach about cold and melting.

Empty plastic bottles and containers Margarine tubs, egg shaped containers, cottage cheese and yogurt containers, shampoo bottles, bleach bottles, dishwashing liquid bottles, gallon plastic milk jugs, 35mm film containers, liquid detergent bottles, cold cream containers.

Activities Make homemade rattles by sealing, with colored tape, rice, nuts, pebbles, or beans in containers. Use for reaching and general play.

Make scent jars by putting cotton balls soaked in such scents as perfume and vanilla extract in containers and sealing them. Use for learning to distinguish different smells.

Work with bottles and tops. Use to put things in and out and for screwing lids on and off. Compare colors and shapes and sizes. Use in sand and water play.

(If you seal rice or beans inside a container, make sure your baby cannot break the seal and possibly choke on the contents. Do not let him play with lids or caps smaller than 1½ inches in diameter.)

Empty food cans Coffee cans, tunafish cans, standard size cans.

Activities Sing or talk into, like a megaphone. Bang together or bang with a spoon. Stack and nest.

Make a home rattle by sealing rice or beans in a container. Use for reaching and general play. Use in sand and water play.

(Do not let your baby play with cans which have any type of sharp edges or burr which may scratch.)

Small empty boxes Milk cartons, shoe boxes, cereal boxes, baking soda boxes, small jewelry boxes, egg cartons, oatmeal boxes.

Activities Stack and nest. Put things in and take them out.

Make a homemade rattle by placing rice or beans inside and taping securely. Use for reaching and general play or suspend from mobile.

Make a toy for your child to look at by covering with shiny foil, textured contact paper, tape, construction paper or fabric, or a brightly colored, bold

patterned design. Use for reaching, general play, or suspend from mobile. Use in sand play.

Make pull toy wagon by slipping a two-inch length of cord through a hole in the end of a box and knot.

(If you seal rice or beans inside a box, make sure your baby cannot break the seal and possibly choke on the contents.)

Large boxes and paper bags Appliance boxes, packing boxes, paper bags of various sizes.

Activities Fix up boxes as a special place for your child to crawl in and out by cutting "doorways," "windows;" and by covering inside and/or outside with bright, bold patterns. Put soft carpet remnant inside. Put things in and take them out.

Make from bags stuffed toys by coloring, or taping, or gluing on brightly colored paper or fabric scraps to make a face and stuffing with newspapers. Use for general play or suspend from a mobile.

Make a puppet by coloring, or taping, or gluing on brightly colored paper or fabric scraps to make a puppet's face and body. Use for getting child to look and reach.

Make a grab bag by putting two familiar objects in a bag. Name one object and allow baby to dig for it.

(Supervise your baby so he does not pull off, swallow, or choke on fabric or paper scraps.)

Mesh bags Onion, potato, and fruit bags.

Activities Make soft balls by filling with material scraps and taping securely at the top. Use for reaching, general play, or suspend from mobile. Put things in and take them out. Use in bathtub or kiddie pool.

(Supervise your baby so he does not pull fabric scraps out of the bag and swallow or choke on them.)

Cardboard tubes Paper towel tubes, foil or plastic wrap tubes, toilet paper tubes, large tubes used to hold fabric bolts or copper rolls.

Activities Sing or talk into, like a megaphone. Roll on the floor.

Cover a tube with brightly colored and boldly patterned contact paper, wrapping paper, tape, fabric, or shiny foil. Use for reaching; suspend from mobile; or string on heavy string to slide back and forth. Encourage the child to watch its movement.

Cut tubes into smaller segments and decorate with bright colors. Have your child string them on a heavy shoelace or cord.

Make a bolster by cutting a large tube into a two-foot piece, covering with a thick sheet of foam rubber, a heavy fabric, or a washable fabric. Have your child roll the bolster or prop it under his or her arms when on his or her tummy to help keep his or her head up and arms free.

(Carpet stores will often donate carpet rolls, rug remnants, and pad remnants if they know what they are being used for.)

Spray can tops

Activities Stack and nest. Compare sizes and colors. Sand and water play—float toys.

Thread spools

Activities Paint or decorate with brightly colored tape. Have the child thread the spools on a heavy shoelace or cord. For a younger baby, thread them yourself and suspend from a mobile. Stack. Drop into and take out of containers.

(Spools less than 1½ inches in diameter should not be used unless they are securely tied so your baby cannot swallow and possibly choke on them.)

Clothespins without metal clamps

Activities Clip on edge of box or around heavy cord. Drop into and take out of containers.

(Supervise your baby closely when using these so he or she does not swallow and possibly choke on them.)

Tape foil on the walls in the corner of a room and hang colored lights so their light is reflected. Position your child's crib so he can see the display.

(Supervise your baby so he does not chew and swallow bits of the foil. Blinking lights should not be used with a child who is seizure-prone; they may induce a seizure.)

Colored paper, wrapping paper, contact paper, wallpaper sample books, construction paper, posters.

Activities Cover play materials to make them more visually interesting.

Braille labels on contact paper and use for the child's things.

Tape or hang paper on a wall near your child's crib or play area to provide something to look at. Fluorescent colors are particularly bright and good for drawing your child's attention.

(Wallpaper stores are happy to give you their discontinued sample books.)

Masking tape, duct tape, surgical paper tape, colored plastic tape, colored stickers.

Activities Put pieces of tape or stickers on child's hands, arms, legs, and so on. Encourage the child to pull them off. This is good for pincher grasp and fine motor control.

Cover play materials to make things as visually interesting as possible.

Fabric scraps Flannel, satin, felt, corduroy, and so on.

Activities Introduce your child to different textures by having him touch them. Also rub on his or her body with fabrics that feel different—flannel, satin, felt, corduroy. Name body parts you touch. Make a multi-textured mat for your child to lie on and feel the difference in fabrics sewn together.

Cover play materials to make them more interesting to look at and touch. Compare colors, textures, and patterns.

Pie tins, paper plates

Activities Make a shaker by placing rice or beans between two paper plates or foil pie tins secured together. Decorate with bright patterns and colors. Use for reaching, suspend from mobile, or use as a tambourine.

String several pot-pie tins in a row and hang in window to catch the light and breeze.

(Make sure your baby cannot break the plates open and swallow and possibly choke on the contents.)

Foil

Activities Crumple into shiny balls for your child to reach for and toss.

Cover other play materials to create a visually interesting shiny surface.

Yarn

Activities To increase your child's body awareness, drape a piece of yarn over an arm, leg, or other body part. Encourage the child to pull it off. Name body parts.

Make pom-poms. Use for reaching, suspend from a mobile, attach to a sock and place on your baby's foot.

(Supervise your baby so he does not swallow and choke on a piece of yarn.)

Cotton balls

Activities Increase your child's body awareness by stroking a part of his or her body with a cotton ball. Have the child reach for the cotton. Name body parts.

Tape or glue to other play materials to make them more interesting to touch. Scatter on the floor for your child to find and reach for.

(Supervise your baby to prevent swallowing and choking on a cotton ball.)

Paint brushes of different sizes, soft hairbrush, dishwashing brush, feather duster, paint roller, potscrubber, powder puff, kitchen sponges.

Activities Increase your child's body awareness and accustom him to different textures by gently stroking his or her body with these items. Let the child use them to touch different body parts as you name them.

Kitchen timer and wind-up alarm clock

Activities Use these objects to tempt your child to find and reach for.

Radio and record player

Activities Occasionally play music for your child, preferably in a variety of styles and rhythms. Have the baby locate and reach or crawl toward the sound source.

(If a radio is played all the time, baby will learn to tune it out.)

Tape recorder

Activities Record the sounds of a variety of different things around the house. Help the child identify the sounds.

Record baby's cooing and laughing and later, baby's early talking. The child will enjoy hearing it and may "talk along" with the dialogue.

Hair blower and dryer

Activities Increase your child's body awareness by setting the blower on a cool, gentle setting. Touch the baby with the stream of air and help the child locate the source. Let the child help you use the blower to dry his or her hair after a bath. Blow and bounce colored balloons or pieces of colored paper in the blowing air for your baby to watch and enjoy.

(Discontinue using the blower if your baby's skin becomes dry or irritated.)

Set of old keys and measuring spoons

Activities Use as sound-making toys for your child to reach for. Suspend from mobile. Use for general play.

(Make sure the keys or measuring spoons are well cleaned and do not have sharp edges. The keys should be securely attached to a large ring so they cannot be swallowed.)

Brightly colored scarves or colored ribbons

Activities Use to stroke and tickle your child's body. Create an interesting visual display by hanging in a window near your child's crib or play area where the breeze can flutter a scarf or ribbon.

Knot a scarf or ribbon in places and hang from a mobile for your child to reach for and grasp. Drape one around your neck and encourage the child to reach for the end of the scarf or ribbon and pull it off.

Windchimes

Activities Have two very different sounding chimes at the front and back doors. Use such sound-making objects to give your child a point of reference and something pleasant to listen to.

Skin care materials

Activities Increase your child's body awareness by exposing him to the odors of such products. Rub him with lotions, powders, and so on.

(Keep powder away from baby's face. Inhaling powder may be dangerous.)

Shaving cream in an aerosol can, whipped cream, "Crazy Foam."

Activities At bathtime, float blobs of shaving cream on the water; fill your child's hands and let him lather and wash with the cream. Let the child fingerpaint with whipped cream in a dishpan.

(Do not let your baby eat the shaving cream or get it in his eyes.)

Hot water bottle and heating pad

Activities To accustom your child to hot and cold, fill one hot water bottle with warm water and one with cold; have your child touch each one and name "hot" or "cold." Use heating pad on low setting and talk about how warm it feels.

(A water bottle filled with hot water could easily burn your baby; use only warm water.)

Dishpan

Activities Use for play with messy things. For instance, fingerpaints made from instant pudding or shaving cream.

Use when playing with sand or fill with beans, rice, styrofoam packing chips, or some other materials for scooping and pouring.

Put bean bags, crumpled paper balls, or similar items into the dishpan. Let the child play creatively.

(Make sure your child does not try to swallow or inhale beans, packing chips, or other items.)

Flashlight or penlight

Activities To encourage your child to look, shine light on the floor in a spot nearby; hold it in front of the child's eyes to see if he or she startles or shows some sign of seeing the light.

Cover with colored cellophane to create a colored light.

Put a plastic finger puppet, an orange plastic ping-pong ball, or other item on the end of the penlight to create a colored, lighted object and hold this light in different positions to draw the baby's attention.

To encourage your child to follow a light with his eyes, move the light in a slow arc in front of his or her eyes. If the child's eyes follow the arc, try moving the light from down to up and back again. Experiment with moving the light in different patterns.

(A darkened room may be best for this activity. Safety Note: A blinking light may cause a seizure in a seizure-prone child. Also, do not shine light directly into eyes.)

Cat collar with bells

Activities Use as a sound-making toy or suspend from a mobile or use for reaching and general play.

To encourage your child to bring his hands together, place the collar around one of his wrists, shake the wrist and encourage him to reach for the collar with the other hand. You may also use the collar around his ankle.

Brightly colored sock

Activities To encourage your child to bring his hands together, sew a large—more than 1½ inches in diameter—jingle bell or a bright, fuzzy pom-pom on a sock. Place the sock on one hand or foot, and encourage your child to reach for the bell or pom-pom. Place the sock on your hand or on your child's hand. Hold the hand in front of his or her eyes and shake the sock; hold the hand with the sock in different positions and try to get baby to look and follow the sock visually.

Fish aquarium

Activities Encourage your child to look at the brightly colored fish and to follow them with his eyes.

Mirrors

Activities Have your child look at his own reflection. Shine lights at the mirror. The reflection of lights in a mirror is very eye-catching.

(Unless the mirror is unbreakable and has no sharp edges, supervise your baby closely. Camping mirrors of polished metal are inexpensive and lightweight. Also plexiglass mirrors provide clear images and do not break.)

Magazines

Activities Look together at pictures in magazines. Pick out objects that are familiar to your baby—dog, car, mommy, daddy, baby, house, and so on. Talk about these. Cut out good clear illustrations and make a picture book. Make pages from cardboard or posterboard, so they will be sturdier and easier to turn.

SAVE 50¢
HOT
COCOA MIX
12
12

9

THINGS AND SENSES

This list of everyday objects can be useful as you carry out daily stimulation of your child's senses. Appropriate sensory responses are noted.

Living room or family room

- Stereo music and vibration from speakers—listen and feel
- Vacuum cleaner suction, noise, blowing—listen and feel
- Windows, mini-blinds, shades, or drapes that can be open for light, closed for darkness—light responsive/vision stimulation
- Pillows, chair and sofa for sitting, balance, TV, and so on—look and listen
- Piano and other musical instruments—listen
- Carpet—feel

Kitchen

- Dishwasher, blender, processor, vibrations and whirring—listen and feel
- Frozen foods and refrigerator—feel
- Sponges, scrubbies, steel wool pads, and so on—feel
- Kitchen timer—listen
- Measuring cups and graduated plastic bowls of various sizes—feel
- Rice, beans, macaroni to scoop and pour—feel
- Cookie cutters—feel
- Soapy, warm water—feel
- Empty boxes, tins, measuring cups—listen and feel
- Tile floor or vinyl floor—feel

Bathroom

- Running water—feel
- Warm or cold water—feel
- Soapy, bubbly water—feel and smell
- Heating pad—feel
- Mirror—look
- Sponges, brushes, powder puffs, cotton balls—feel
- Lotions, powders, perfumes—smell
- Toothpaste—taste and smell
- Blow dryer—feel
- Towels—feel
- Shower massage—feel

Bedroom

- Closet door opening and closing—listen and feel
- Electric blanket—feel
- Clock, alarm, radio—listen
- Mattress—feel
- Brightly colored scarves or ties—look

Laundry room

- Warm clothes from the dryer—feel and smell
- Washer vibration—feel
- Hand-washing clothes—feel and smell
- Fabric softener sheets—smell
- Brightly colored clothing—look

Outdoors

- Grass, stones, concrete—feel
- Hammock—feel
- Tree bark—feel
- Flowers—smell, feel, look
- Sandbox—feel
- Water in bucket—feel

MONTH BY MONTH PLAY CHART

This chart was developed by Sandra Streeply and revised by Athina Leka Aston. The chart details play activities of the average *sighted* child. It is included as a reference. Do not expect your child to follow the developmental phases exactly.

Birth To 1 Month

Babies like to:
- Suck
- Listen to repeated soft sounds
- Stare at movement and light
- Be held and rocked

Give your baby:
- Your talking and singing
- Lamps throwing light patterns
- Your arms

1 Month

Babies like to:
- Listen to your voice
- Look up and to the side
- Hold things placed in their hands

Give your baby:
- A lullaby record
- A mobile overhead
- Pictures on the walls
- Your face near his

2 Months

Babies like to:
- Listen to musical sounds
- Focus, especially on their hands
- Reach and bat nearby objects
- Smile

Give your baby:
- A music box or a soft musical toy
- A soft security cuddle toy tied to crib
- Your smile

3 Months

Babies like to:
- Reach and feel with open hands
- Grasp crudely with two hands
- Wave their fists and watch them

Give your baby:
- Musical records
- Rattles
- Dangling toys

4 Months

Babies like to:
- Grasp things and let go
- Kick
- Laugh at unexpected sights and sounds
- Make sounds like *ba*, *ma*, *da*

Give your baby:
- Bells tied to their crib
- A crib gym
- More dangling toys

5 Months

Babies like to:
- Shake, feel, and bang things
- Sit with support
- Play peek-a-boo
- Roll over

Give your baby:
- A high chair with a rubber suction toy
- A play pen
- A kicking toy

6 Months

Babies like to:
- Shake, bang, and throw things down
- Gum objects
- Recognize familiar faces

Give your baby:
- Many household objects
- Tin cups, spoons, and pot lids
- Wire whisks
- A clutch ball and squeaky toys
- A teether and gumming toys

7 Months

Babies like to:
- Sit alone
- Use their fingers and thumbs
- Notice cause and effect
- Bite on their first tooth

Give your baby:
- Bath tub toys
- More "things"
- String
- More squeaky toys

8 Months

Babies like to:
- Pivot on their stomachs
- Throw, wave, and bang toys together
- Look for toys they have dropped
- Make vowel sounds

Give your baby:
- Space to pivot and creep
- Two toys at once to bang together
- Big soft blocks
- A jack-in-the-box
- Nested plastic cups

9 Months

Babies like to:
- Pull themselves up
- Creep
- Place things generally where they're wanted
- Say "da-da"
- Play pat-a-cake

Give your baby:
- A safe corner of the room to explore
- Toys tied to his high chair
- A metal mirror
- A jack-in-the-box

10 Months

Babies like to:
- Poke and prod with their forefingers
- Put things in other things
- Imitate sounds

Give your baby:
- A big peg board
- Some cloth books
- Motion toys

11 Months To 1 Year

Babies like to:
- Use their fingers
- Lower themselves from standing
- Drink from a cup
- Mark on a paper

Give your baby:
- Pyramid discs
- A large crayon
- A baking tin with clothes pins
- His own drinking cup

1 Year To 13 Months

Babies like to:
- Creep
- Cruise
- Use 1 or 2 words
- Use their fingers
- Be hugged

Give your baby:
- A baby-proof house
- Cuddling
- A stacking tower

13 Months

Babies like to:
- Stand up, sit down
- Try feeding themselves
- Release objects with more precision
- Imitate you
- Play "Where's Baby"

Give your baby:
- His own dish, cup, spoon
- Your games with him
- Fitting toys

14 Months

Babies like to:
- Put sounds together
- Have an audience
- Search for hidden toys
- Pile 2 or 3 blocks

Give your baby:
- Your attention
- Wood blocks
- A container toy

15 Months

Babies like to:
- Walk alone
- Fling objects
- Fill and empty
- Respond to key words
- Exercise hand skills

Give your baby:
- Big outdoor toys
- Your conversation
- Manipulative toys

16 Months

Babies like to:
- Squat down
- Walk carrying things
- Use sand
- Rough-house

Give your baby:
- Push and pull toys
- Big soft toys
- Indoor or outdoor sandbox
- You on the floor

17 Months

Babies like to:
- Lug, tug, drag things
- Wave bye-bye
- Use water
- Get into everything

Give your baby:
- Water and pouring toys
- Hammering toys
- Your watchfulness
- Bigger pull toys

18 Months

Babies like to:
- Oppose you with "no"
- Get what they want now
- Use words with gestures
- Climb stairs

Give your baby:
- Your diplomacy
- Stairs
- A toy telephone
- Cloth picture books

19 Months

Babies like to:
- Climb up onto everything
- Move to music
- Identify parts of themselves
- Sort objects and shapes

Give your baby:
- A shape sorting box
- A record player out of reach

20 Months

Babies like to:
- Fetch and carry
- Dig and mess
- Have things their way
- Remember from yesterday
- Take things apart
- Use 15 to 20 words

Give your baby:
- A carrying case
- Little chores
- Your patience
- Things to take apart

21 Months

Babies like to:
- Claim "mine"
- Mark on paper
- Point to objects in book
- Turn pages
- Fit things together

Give your baby:
- A big crayon and paper
- Picture books
- A construction set

22 Months

Babies like to:
- Fit shapes
- Watch grownups
- Put things back
- Come when called
- Screw and unscrew

Give your baby:
- Shelves for his toys
- Help in putting things away
- Simple puzzles
- A plastic jar with screw lid

23 Months To 2 Years

Babies like to:
- Use 3 word sentences
- Run
- Help with household tasks
- Hear rhymes
- Work with their fingers

Give your baby:
- A doll or teddy
- A toy to ride
- A Mother Goose book
- Finger manipulative toys

LETTERS FROM PARENTS

From Alberta, Canada

So you have a new baby and have just been told he is blind. You feel as though you are suddenly the key actor in some horror movie. "This kind of thing happens to other people, not me!"

You wonder how can life go on? How can I have this child? How can I love this child? How can I face my family and friends? How can I go back to work and pass around cigars? How do I treat a baby who cannot see? How can I use the name we have picked out for our baby? How can I teach him? I don't know anything about blindness.

You go to sleep and wake up thinking—wow! I just had a dream that I'd had a baby and he was blind—then the sudden realization that it was no dream. This is real life now.

Is this similar to your first hours, days, or weeks of your new baby's life? How do I know? I was there ten years ago. Our son was born blind.

First let me tell you, you *will* make it. Your life must go on. It will change some, but not as much as you might think now. Nobody could have felt more horror-struck, inadequate, or disappointed than I did. Nothing in life prepares us for this sort of thing. Babies are always perfect little bundles of joy, aren't they? For nine months we plan, anticipate, and dream of the future.

It is important to be honest about your emotions and feelings, especially with yourself and your husband or wife. Don't try to pretend you're all right while you go through the trauma of accepting that this has really happened to you! Not for any particular reason. If we are looking for reasons, we get stuck and cannot go ahead. These things are part of life, part of our immortality, they just happen.

I think what pulled me out of the initial "why me?" stage was my own little baby, small and imperfect though he was. Here was a little person with every right to happiness, demanding my attention, care, and most of all, my love. He never asked for this affliction and the quality of his life is going to depend mostly on us, his parents.

I have often said, "I wish someone could have told me or showed me." What would I tell a new parent of a blind baby? It is hard to think back, but perhaps some of the things I found helpful through blundering along will be a help to you.

First I would strongly advise nursing your baby if at all possible. Because he can't see your face, physical contact with your baby is all the more important. If you can't nurse, try always to hold your baby while feeding. Play with his hands and talk to him. Take his little hand and rub your face with it. Our son became independent with feeding very early. I think he loved the warm bottle on his hands, but I held him while he ate and if that wasn't possible I had one of his sisters or his dad hold him. We never hurried his bottle. It is an excellent time for closeness and socialization.

Play with him and talk to him like you would any other baby; get close as if you have eye contact. It's the closeness and the spirit of it that counts. Not the fact that he can't see you anyway!

From the very first, place musical toys close to him on the bed and in his crib. He will soon be encouraged to turn his head and eventually to reach out toward them. Remember always that toys should have texture, sound, smell, or other feedback to be interesting to your baby.

Take your baby to the part of the house you are working in. He needs to become familiar with the sounds and smells of your whole house. When in the kitchen, I found my son loved the pots and pans best as any child does. And don't miss the opportunity to let him play with wax paper, aluminum foil, and the special experience of playing with old spice cans. It is important to talk as you work, even before you

think it means anything to him. I am not a good person for structure and I know some time must be spent doing specific exercises, and so on, but I am a great believer in making your day-to-day work a whole learning experience for your baby.

Your blind baby is no more delicate than any other. Let your family and friends be rough with him. Don't overprotect and pamper him or you will just reinforce his natural fears. Don't be afraid to let him sit dirty in the house or in the garden or you may be sorry later. Some blind children are afraid of different textures and this can be avoided by lots of early experiences with cookie dough, food, sand, and other things.

Let him make a mess when he's eating. It won't last forever. As soon as my son could be propped up in his high chair I stood behind him, held the spoon in his hand, and our meal was something like this: "Scoop, slide, open wide." A dish with sides is a must.

Encourage your baby to move about by providing incentives. Our house was always a mess because we left toys scattered about the floor so that as our baby rolled around he would accidentally bump into interesting things. Soon he began to look for them. Walking came later than usual for our son, but his first steps were across the dining room to get a sip of tea from Mom.

I was sure I'd never figure out the "potty training" until I discovered my baby pee'd every time his feet touched the bath water. So that became our technique. When I thought he might need to go, I'd run a bit of water in the tub, stand him in it and hold the little potty in front of him, touching his legs. It wasn't long before the potty touching his legs was all he needed.

Take your baby with you whenever you can when you go out shopping and visiting. Get used to people's stares early and learn to deal with their curiosity while your baby is still young. There is no easy way.

Others and you will feel more comfortable if you can casually explain your child's blindness. It is good for the general public to be exposed to our children and your matter-of-fact answers will eventually teach your child a matter-of-fact attitude toward his own blindness. At three years old, I heard my son tell a small friend, "Oh no, it doesn't hurt and I see with my hands." Remember, it is a shock to people to see a blind baby—be patient with them—your attitude will rub off. You are an educator. Let your child be exposed to the public early in life. A social outgoing personality will be a great benefit later.

Allow your baby to help you dress him as soon as possible. Even before he can help, talk to him about the parts of his body. For example, start the socks saying, "Let's put the sock on your right foot. Mommy will put it on your toes, over your heel, and now you pull it up your leg all the way up to your calf." And so on, for all pieces of clothing. This teaches body parts and soon he'll be doing it all. Make it fun and don't expect too much. Always make him feel successful. Your child should be aware of the colors he is wearing so he will later be able to choose proper combinations of clothing.

Expect the same behavior from your child as you would from any other. Remember, you eventually want a child others will respect. Never nurture the "poor little blind child" syndrome by allowing habits and behaviors you wouldn't expect from any other child. You do not want your child to use his blindness to manipulate you or others.

If you have relatives or friends who make you feel good, see them often! You will need lots of "warm fuzzies" and encouragement. Our Canadian National Institute for the Blind worker was like a dear old auntie and always gave me a boost. One of my sisters said every time she saw my son, "Oh, he really is just gorgeous," and I know she meant it! Because he was. Don't overlook the beautiful skin, gorgeous curls, chubby hands, and winning smile. He is a baby *first*, blind second.

Do I sound like I know it all? I'm sorry, because I don't. But I do know more than I did ten years ago. Your baby's needs as a little person must first be fulfilled before he can profit from anything you may do about his blindness.

Be good to yourself. Take care of your own physical, emotional, and spiritual needs. The greatest gift you can give your child is a happy, healthy, fulfilled parent.

Sincere good wishes,

—Leila West,
Sylvan Lake,
Alberta, Canada

From Nebraska

As with any new parent, I too bought all the child-oriented books ranging from Dr. Lyndon Smith to books on child development from birth to twelve- and twenty-four months. I read them constantly, and when our daughter did some task before she should have, I knew we were raising a genius and when she did not complete a task as described by an author, I knew I had failed in some way.

After Melissa, our daughter, was diagnosed as being totally blind at four months of age, I still referred to these books, knowing how important it was to keep her at age level in her development. I thought this would be easy to do with some adaptation until she reached the age when she should be up on all fours and crawling. With all my attempts, I was unable to help Melissa accomplish this task. What I needed at this point was a resource person or book to tell me that blind children do not always crawl. It was at this point in Melissa's development that I knew we needed professional help.

We were fortunate to live in a metropolitan area with facilities to provide infant stimulation for Melissa and guidance in her development for my husband and me. We learned during the first few weeks of Melissa's numerous developmental delays; some of those being touch defensive, lack of sound localization, and mobility, all of which I could never have accomplished with my books on "normal child development." I worked diligently with Melissa on these first few tasks during her every waking moment. She was a very happy, cooperative baby, so these sessions never seemed to bother her. Melissa was also our first child, allowing us to give her our complete attention.

Once these first tasks were accomplished, we worked towards providing Melissa the desire to be more mobile. She was able to sit unsupported at five months of age, which allowed us to work on many tasks in that position instead of on her tummy. She rebelled in the prone position, which was an assignment to overcome. We were never able at this time to successfully get Melissa into this position, which was a new experience to us—failure.

This is one personal emotion each parent must learn to deal with early. One way we dealt with failure was to overemphasize Melissa's accomplishments which would have gone unnoticed many times in the sighted child.

Melissa had a desire to stand at ten months of age and later learned to follow furniture around the house. It would take her a long time to complete one rotation in a room, but her patience and desire to explore made it possible for her. With lots of coaching from us and neighborhood children who often stopped by to play with Melissa, she walked unassisted at sixteen months of age.

I had long ago put away my reference books but through common sense knew that most normal childhood development comes from imitation. One way I overcame this obstacle with Melissa was to explain to her constantly what I was doing; what certain sounds meant, what different smells belong to, what things inside the house and out felt like, and through helping me with many daily tasks. I never realized how much I communicated with Melissa until one day while my mother was visiting, she commented on how I had explained to Melissa the entire process of preparing supper, with Melissa smelling, doing, touching, and tasting the whole meal in process. Melissa is very aware of her surroundings, which I feel was facilitiated by this.

By the time Melissa was eighteen months old, she appeared to be at age level in her development. She continued in her progress with our instructions from her infant stimulation classes which allowed her entrance into a pre-school for the visually-impaired when she was two years old.

Her vocabulary was always at age level or higher, again I feel because of our constant explanations about life experiences. She was "potty trained" by twenty months, which was not as difficult a task as I thought because there again I started explaining the bathroom process to her at eighteen months for one week and then gradually included her own bodily functions.

I have always felt that we were lucky to have had Melissa first because we had the time to spend with her and were unaware of how much a sighted child learns on its own. When our second daughter first reached her little hand out to grab a rattle one day, I cried because I knew how long and hard we had worked with Melissa to help accomplish this task. It takes patience, love, knowledge, understanding, support, and a desire to help your child, not only during these first twenty-four months, but forever.

But isn't this what parenting is all about!

—Linda Katskee,
Omaha, Nebraska

From South Carolina

Craig was born prematurely on November 16, 1970, and was brought to our house January 1971, as a pre-adoptive child. The Department of Social Services told us that he may be blind, and in March 1971, he was hospitalized to have his eyes examined. At that time they said that his retinae were all scar tissue and he was totally blind. RLF.

We had four other foster children, all around Craig's age, and we did not know how to handle or treat a blind child; so, he was treated like all the rest. The family motto has always been "survival of the fittest," and he survived.

At a very young age, Craig would put his fingers in his eyes. When I asked the pediatrician why he did this, he said Craig had just discovered his eyes. We didn't agree because he didn't have his fingers in other new discoveries. We wish we'd known more about the eye poking so we could have broken the habit that has now caused his eyes to be receded.

The doctor also said we needed to put him into the residential school for the blind so we wouldn't be "saddled" with him the rest of our lives. He surely didn't know much about us or Craig. We received no other help or hints those first few years.

When Craig was about three years old, his case worker said they had parents for him. By this time we were as attached to Craig as if he were our own; but we figured we couldn't give him all he would need later on in life and the adoptive parents could. Time passed and nothing more was said about the adoptive parents. To this day, I believe the Department of Social Services made the remark to encourage *us* to adopt Craig. And we did. Our three children suggested we do so. We had no problems with the adoption and it went through very fast. In the fall of 1974, Craig officially became a Hedgecock.

We found a pre-school that was willing to take Craig, so he and two of our foster children attended that school. We wanted him to be able to adjust away from home, too.

In April 1975, we went to our neighborhood school to let them know Craig was coming to kindergarten in September. I'll never forget the poor principal—right away he wanted to get more insurance. We have been very fortunate with Craig and the school system; for the most part everyone has been very gracious. We only had one major problem and that was with orientation and mobility training. The Commission for the Blind was serving Craig, but when Public Law 94-142 got underway, they pulled out and the school said they wouldn't provide O&M either. It was a battle between agencies and our child was suffering. O&M was his eyes. We understood that O&M instructors are not easy to find and we were willing to wait until the school system found one. They had lost the battle. When we found out that a job description wasn't even in existence for the position, we became furious and went to the newspaper. The News & Courier did three front-page stories in a row, and we had an O&M instructor when school started.

Just before Craig started school, we saw a spot on TV concerning a meeting of a local group of parents with visually-impaired children. Needless to say, we were very interested and attended the meeting. This group of parents was most beneficial to us. They guided us and gave moral support. We now belong to the local, state, and national parent groups.

The South Carolina Commission for the Blind was also very helpful and is still there to help when needed. We learned much through their workshops and it was a great time for parents to share.

Because Craig was always treated normally, he is normal. He rode a two-wheel bike at five years just like the other children. He played T-ball and took gymnastics. He climbs trees, he bowls, and he jumps and does flips on the trampoline. He plays the trumpet in the band at Morningside Middle School and was chosen for the All County Band. He sings in the children's choir, plays the trumpet and the recorder, and is also a crucifer at church. He was awarded the Mayor's Award for the Handicapped Middle School Student of the Year. Craig also has chores to do at home: empty the garbage, take the garbage cans to and from the road, empty the dishwasher, set the table, scour the bathtub, and clean up his room. He also loves to swim and fish and has attended Camp Leo at Hilton Head for the last six summers.

Hope this will help.

—H. H. Hedgecock,
Charleston, South Carolina

From Kentucky

Being the grandmother of a blind baby naturally isn't as involved as being the mother but then neither is it the same as with a sighted baby. True, you hurt for the baby as well as for your own child, but unless you live in the same house, it's not something you deal with every minute of every day. And, unlike others in similar circumstances in our area, we've had a lot of help.

Almost two years ago, our "healthy, happy grandbaby" was born; only he was neither healthy nor happy. He was colicky, demanding, and blind. He had to be walked all day, all night; every day, every night. After all, you don't simply allow your tiny baby to cry, when he's in pain from stomach cramps. And Nathan would't let you try!

Nathan's first operation came when he was three months old; they hoped to successfully remove the cataracts and replace the corneas on both eyes. Seven operations—in nine months—later, his parents called a halt. Nathan had suffered greatly during and after each operation, and to no avail. He had no more sight than he was born with. Although the eye surgeons would like to have had another go at it, the decision not to try still one more time proved a blessing. A month after the decision, the pediatrician found a malignant tumor the size of a softball in Nathan's abdomen. After three more serious operations, Nathan began radiation treatment and chemotherapy for fifteen months. And then we saw what a blessing his demanding personality was. Without this strong will, we don't believe he would ever have survived.

I had come to work for the American Printing House for the Blind when my daughter was half-way through her totally uncomplicated pregnancy. There is virtually no help in this state for the parents of a visually-handicapped baby, but there was plenty of help here at APH, both from the sighted and the visually impaired. And it was freely given. We were taught all sorts of things to do to stimulate him, to teach him. One of our research staff even taught him to eat solid food, when the medical doctors were saying there was no hurry before age two!

All the things we were told and all of his parents' patient teachings are paying off now. Nathan is crawling everywhere, takes steps, says a few words, and eats plenty! He has little fear of falling, virtually no dislike for any type of texture, and a very good understanding of his and his parents' bodies. But all this surely didn't happen by accident. His parents were taught how to teach him.

As Nathan's grandmother, I'm eternally grateful to the people at APH. But at the same time, I want to know where is the help for other families in this state or in all the states which offer little or nothing prior to the child's attainment of school age. I want to know why my family had to move to Nebraska recently in order to have a speech therapist and a mobility specialist come into their home each week to teach Nathan still more. I want to know where is the up-to-date "how to" book that will teach the parents how to teach the child. Blindness may not be able to be changed, but leaving parents ignorant of how to help their blind baby can and must be changed.

—Kathy Holmes,
Louisville, Kentucky

From Nebraska

Nathan has just turned twenty-one months old, and in our short experience of raising a child who can't see, we've come across various bits and pieces of information that have proven helpful. Sometimes we learned in advance certain things to do or not to do; others we learned along the way, with some helpful suggestions from professionals. In looking back we see areas in which we've been blessed with positive results from practices we unknowingly stumbled upon. We hope others might benefit from our sharing a few of these thoughts.

One of the first suggestions we received was to expose Nathan to a large variety of textures. Almost from birth, we would place different types of objects into his hands: including plastic wrap, aluminum foil, our cats, pieces of leather, paper, food, and so on. The more the better! We benefit now by having a child who is, for the most part, free from the defensive tendencies evident in some blind children.

Both eating and drinking proved to be problem areas for Nathan. He was willing to take food into his mouth, but didn't seem to understand the concept of swallowing. This difficulty was overcome shortly after we were taught to make a persistent effort at pushing the food back into his mouth each time it came out. We used a finger or a spoon to do this, repeating the word "in" firmly each time. He

soon learned that if the food couldn't come back out, it would just have to go down! From the beginning Nathan showed little interest in drinking from a cup, but made progress recently when we followed a teacher's suggestion to use a regular glass or cup instead of a child's training cup with a spout. We've also discovered he's more willing to drink slightly warmed rather than cold milk.

Some of the unplanned practices that brought positive results include our lying on the floor and encouraging Nathan to crawl all over us and plenty of roughhousing. By crawling on us he has gained a good understanding of the human body—how it moves and so on—and has also enjoyed good exercise and fun. The more vigorous play, swinging and tossing him in the air, has resulted in his being amazingly free from fear of movement. This also seems to have helped in his orientation to his surroundings. We feel this is important, so try not to let it make you nervous.

Perhaps most importantly, we would encourage other parents to refrain from being overprotective. We've tried to let Nathan take the soft tumble off the edge of the couch (you can put a big pillow on the floor), bump into things that don't have sharp corners, like a wall, fall down, and so on. It seems to have helped him learn to take the knocks that come without getting too upset.

We know some of these things are really hard to do, require a lot of time and patience, but we've found they're well worth it.

—Sandy and Shelby Glenn,
Omaha, Nebraska

From Indiana

One of the many problems that we as parents encountered with our blind RLF daughter was that of encouraging her to stand and walk. We found two items that we purchased which enabled us to achieve these two goals with greater success. The first item was a "Johnnie-Jump-Up," which is a spring-loaded seat which fastens in a doorway. The child is placed in the seat and is encouraged to jump or spring. The satisfaction of springing and jumping helps the child to develop needed leg muscles. Caution should be taken, however, that the child not bounce too wildly and bump his/her head on the door jamb, nor should the child be left unattended for long periods of time in the seat.

The second item which encouraged walking, standing, and exploration was a "Little Tykes" slide. The texture and design of the slide is delightful to little children who might be encouraged to explore their surroundings. The satisfaction of the child finally climbing the three steps and sliding down the inclined ramp is especially rewarding to parents who may be concerned about motivating their blind child.

We would highly recommend that parents with visually-handicapped children get in touch and communicate with parents of other visually-handicapped children. Attending your State's School for the Visually Handicapped Pre-School Conference can be an informative and encouraging experience as well as giving you the opportunity to meet other parents with similar concerns. Obtain as much information as possible about your child's condition and then strive for your child to develop to the best of his/her ability. Your child needs you and you should not compromise for second best during their early developmental years.

—John W. and Debra K. Fountain,
Paoli, Indiana

From Texas

As I look back at all the events and circumstances surrounding the birth of my first children (yes, children!), the first thing that comes to mind is the punchline of an old joke that goes: "Other than that, Mrs. Lincoln, how did you enjoy the play?"

My husband and I planned my pregnancy. We had been married almost six years, we were living in Germany, our relationship had solidified, his career was coming together, and we were ready to be parents. However, if life were that predictable, I suppose we would all be pretty bored. The first inkling we had that this whole thing was not entirely at our command, was a sonagram test that revealed I was carrying triplets. Twins had always been a possibility, as we both had sets in our family tree, but *three*! I remember finding the news delightful and astounding. Well, all right, a little overwhelming, too.

The next event in this saga of "best laid plans" was my abrupt lapse into labor ten weeks prematurely. Not yet aware of my own loss of control over the situation, I inquired how long I would have to stay at the hospital, and was astonished when the staff informed me I would be there until the babies were

born. I had visions of a long stay. After all, I wasn't due until January, and this was only November. That illusion lasted a week. Seven days later, on November 27, 1974, I gave birth to three very tiny, very weak little girls: Stacey Ann, Tracey Ann, and Kacey Ann.

The next ten weeks of waiting and watching were nothing short of rough on the nerves and worse on the heart. Murphy's Law seemed to hound their progress. Before the girls came home we heard "hydrocephalic," then "cancerous tumors behind the eyes." These reports proved false, but the one term heard that didn't go away was retrolentalfibroplasia—RLF. The damage to the retinas left Stacey blind in her left eye, Tracey blind in her right eye as well as visually limited in her left one, and Kacey totally blind in both eyes. Frankly, after all the waiting and erroneous reports, my feelings were of relief. Their eyes did not have to be removed, there were no cancerous tumors, and RLF was a matter of damage rather than a progressive disease. We did later discover that Tracey and Kacey also had some cerebral palsy, but that is another story.

Relief, I am sure, is not exactly the typical reponse in most parents to the news that their child's eyesight is impaired or non-existent, but starting from that point gave me a decided advantage. I have since been in contact with many parents whose initial emotions ranged from disbelief, anger, and remorse to outright guilt, helplessness, despair, and depression. *That is normal*, but don't forget to keep it temporary. I had been through most of these emotions before I had even held my children. By the time I got to the "bottom line" of bringing them home, I was ready emotionally to get down to the real business at hand—just figuring out how to care for three kids at once, let alone contend with eye problems. That, after all, is what it's all about: being a good parent to your children. The rest will all fall into place.

When the girls were seven months old, we were transferred from Munich, Germany, to Dallas, Texas. There, I was able to obtain an abundance of good advice, professional therapy, and unlimited support for my children from a wonderful agency—Dallas Services for Visually Impaired Children. They had the resources to help my children, and us, help ourselves. Over the next three to four years, the obstacles of visual impairment were overcome or at the least adjusted to thanks to DSVIC. Unfortunately, the services provided by DSVIC are not availble to most parents across the country. This booklet, however, can go a long way toward closing the gaps in information available to parents of infants with visual limitations.

Stacey and Tracey now attend regular classes in a public school, and are even in the gifted and talented education program as well. Kacey attends the special education classes in the same school system, and receives extra instruction in braille. All in all, they are not vastly different than the rest of their peers.

Nobody is perfect, and it is how we adjust to and tackle these imperfections, great or small, that affects our children and ourselves. This publication can be of tremendous value to you in your search for ways to help your child reach his potential in life. Good luck, and for heaven's sake *have fun*!

—Jan Cooper,
Duncanville, Texas

From Pennsylvania

I am fortunate to be the father of five children. My wife, Julia, and I share parental responsibility for them. Each of our children is special: Jacob is nine years old; Samuel, age eight; Hillarie, age seven; Sarah, age five; and Claudia, age three. Jacob, Samuel, and Claudia are blind from birth. Samuel has no light perception, while Jacob and Claudia have minimal light perception. Our sighted children, Hillarie and Sarah, keep our blind children in touch with the sighted world. Julia and I adopted Sam, who is Korean, just after Claudia was born. As their father, I have encountered two basic problems. The first is very personal and deals with my own ego. Coping with the unknown is the second.

Before I was married, I had *not* had the opportunity to deal with physical deformity on a personal basis. My parents had fifteen children; none of us had a physical deformity, disability, or handicap. We were all healthy. After nearly four years of happy married life, our first child was born. Jacob was a fine baby, but later, did not attain the developmental milestones on schedule. When we learned that Jacob was blind due to an inherited syndrome which was passed on partly from me, my own ego was severely challenged. I had given my son a defect and, therefore, I must be defective. In my mind, I wrestled with this problem. After many years and numerous

discussions with my wife, I feel that I have accepted this personal defect, although for awhile it may have weakened my ego and confidence.

Coping with an unknown problem for which solutions are not readily available was likewise difficult. Jacob's blindness is one part of the inherited syndrome which I have given him. Other physical disabilities have included markedly delayed developmental motor skills including speech, walking, and coordinated movements of fingers, hands, feet, and legs. Fortunately, with time Jacob has accomplished most major developmental milestones. Not knowing when he would accomplish these milestones or how much therapy would be required in the process was difficult for me. Still, the question looms "what else can go wrong?" in spite of our best medical information. With time and greater understanding of myself, my son, and his demonstrated abilities, this question is fast fading.

Julia has been my tireless companion through these problems. She has made Jacob's special needs, and those of all our children, her "raison d'etre." We have found the medical and educational systems to be very supportive and responsive, but not without significant effort on our part. Parents must be the champion for their children's needs. Parents know their children better than anyone and continually should seek the best opportunities and services to allow their fullest physical, social, and intellectual development. The educational system mandates the "least restrictive environment" for special children. Parents must speak up when they feel the system is failing to satisfy this requirement. Time has taught Julia and I this important lesson and, I must admit, our public education system has been responsive to our requests.

Up to this point, I have mentioned only my problems in securing the best opportunities for my son, Jacob, and have not mentioned our other children. Having "cracked the ice" with these experiences for our first child, I have continued to grow and mature in spite of my preconceived notion that maturation stopped at age thirty. Working to satisfy similar needs for our other children has been simplified as a result of these experiences. For example, obtaining special services for Sam and Claudia happens without fanfare and, certainly, with less emotion since we have already established personal contacts with teachers, therapists, and administrators in working out similar programs for Jacob. Also, the soul-searching I have done in dealing with the problems of our blind children has made me aware that our sighted children, who may have or may develop less obvious disabilities, also need to be considered "special" and need attention just as much as our blind children.

In summary, self-pity nearly destroyed my ego. Recognizing self-pity as counter-productive was the first step I took in restoring my self-confidence. It is absolutely essential that parents understand these inner feelings. With this understanding, securing the special assistance for one's children will become routine and, ultimately, will help all of us deal with the unknown with less emotion and with more reason.

I realize that this letter has been lengthy and perhaps verbose. On the other hand, I think that it accurately describes the basic problems which I have encountered in satisfying the special needs of our children. I hope you find my opinions and thoughts helpful. Thank you for this opportunity.

—Raymond J. Joehl, M.D.
Hummelstown, Pennsylvania

From Kentucky

Almost five years ago my husband and I looked forward to the birth of our first (and only) child with all the joy and anticipation of any expectant parents. Since Britt was born by natural childbirth, we learned instantly that she had severe facial anomalies. Only a few hours later we received the feared confirmation that she would always be totally blind. She was born without eyes.

Of course, we were devastated by thoughts of all the hardships that our child would have to endure in life—and all that she would be denied by way of visual experiences. At the time we did not realize our two primary "advantages" in the situation: (1) we knew immediately the full extent of Britt's visual impairment (many parents don't learn this until *much* later); and, (2) Britt had an active alert mind (we initially suspected mental retardation). Our major disadvantages were that: (1) we were first-time parents and new to even the most "normal" child care problems; and, (2) Britt had no siblings to add a feeling of normalcy and perspective to the situation.

Britt has now experienced eleven major surgeries and her appearance is more "socially acceptable" and

will continue to improve with additional surgeries. Strangers even occasionally compliment her "pretty blue eyes" (which are artificial)! Britt is a very verbal, self-confident child who takes roller skating and music lessons, has a pony (our "bribe" for visiting little friends), and is looking forward to being "mainstreamed" into kindergarten during the coming school year, She will be the *first* totally blind child taught locally in this school district.

As Britt's mother, her accomplishments have required a great deal of activism, advocacy, and learning on my part. I'm sure you will encounter this, too.

I began by reading everything I could, which was very little, that applied to the visually-impaired infant, and talking to a few professionals, parents, and people who are blind. I learned to do such household things as keeping doors in the house fully opened or closed; to identify left and right when dressing and bathing Britt; to use every opportunity to identify body parts; to *tell* her about everything that I read such as labels, billboards, newspapers, and so on; to promote reading readiness; to identify all sounds and play "games" about what different sounds represent; to do memory drills (what did we do yesterday, what are we going to do today, etc.) because a blind person must have a well-developed memory. I worked, and still do, on such non-verbal language as pointing, expressions, and so forth and encouraged Britt to *face* me when we talked. Tactile exploring requires a lot of time. We progressed from exploring tactually small objects to places like gas stations, grocery stores, and eventually schools. You will probably develop a "habit" of doing many of these things also.

During Britt's first two years of life we lived in a metropolitan area of Northeast Ohio where I worked with the local Society of the Blind and the Ohio Bureau of Services for the Visually Impaired to establish a parents' group and resource room which are both still in operation. I also did extensive work with the children's hospital to improve conditions for visually-impaired patients. As a result of speeches training sessions, nurses learned to precue. Britt's godmother or I stayed with her around-the-clock and accompanied her to all blood work and other tests; I was permitted to be in the recovery room to receive her immediately following surgery. During the frequent surgeries in her first two years Britt regressed tremendously on a social level, and I am convinced that she would now be autistic had it not been for these measures.

Before Britt was three we moved to a very rural area of Kentucky where there are no local services for visually-impaired children. It has taken two years of concentrated effort to arrange for Britt's "mainstreaming," but I feel we now have a strong educational program planned.

The experience has been a constant struggle and very draining physically, emotionally, and psychologically. However, I now know that services *can* be developed wherever one is living, whether a metropolitan or rural area, and that "networking" is vital. On a national level I worked with NAPVI and on a statewide level with another group to help preserve PL94-142 in its present form. I found out too that there is a wide range in the competency of doctors. We always seek "third" opinions now and wish we had done this from the beginning.

We feel that Britt has a unique personality and a good sense of humor—a *must*! We enjoy her company and try always to have fun together while learning new things. The *intensity* of our relationship with her—the sadness at the pain and deprivations, and the joy and pride in her accomplishments, the closeness with her as a result of working together on her problem—is far greater for us, I suspect, than is the average relationship between parents and child.

We feel very fortunate that Britt is so capable of learning; she seems well-adjusted and happy. But these characteristics didn't "just happen." We had to learn to: (1) be a strong advocate for our child; (2) enlist help—Britt's godmother was my personal salvation; (3) join groups for the guidance and support they offer; and, (4) seek the council of experts and decide for ourselves what is best for our child. Individuals who are blind have also given me invaluable advice.

If, like me, you have doubts about the quality of life without vision, that won't be a handicap as long as you don't allow your child to realize your misgivings. Your baby will teach *you* things about what *he* feels are worthwhile in life as you watch him grow and develop.

—Mrs. Gail Lincoln,
Morehead, Kentucky

From Wisconsin

When our second son was born, my very first feelings were of surprise. I just knew, as only a mother can, that this child was a girl and our family would be complete. However, when I first held Stephen my feelings changed quickly. It didn't matter that he was the wrong sex. My concern was only for one thing from then on. I knew something was wrong with my baby.

I rationalized. "Nothing could be the matter with the perfectly formed child. After all, the most knowledgeable doctors in the nation had told us that my eye condition would not be hereditary." I kept thinking of the day they had told us this, reliving each moment I could after a four-year interval between that office call in November of 1973 until August of 1977. I knew I could have forgotten small things, but not the main gist of the prognosis.

When Dave and I had married, he just knew I would not want children. Being a blind woman, (he thought) I just wouldn't want the hassle and responsibility. He didn't know me. Much of my childhood, thanks to trusting friends who would allow it, was spent with a child on my hip. I love kids, and so of course I wanted some of my own. I had come to grips long ago with the thought of raising children as a blind mother. Teachers at the school I attended had not hidden their feeling that blind people should not be parents. There were too many social graces that would be hard to teach children if you were blind, and certainly you would miss many things they would do. Theirs were valid points, and things with which I still am coping. But I could not see myself being robbed of the joy of a family because of these things. So, we went to the doctors and decided to have our own children.

Michael, our first child, was completely normal. Normal good, normal bad. Just your average kid with average parents who think he's one of a kind. So, why all this concern inside me about Stephen?

A couple of months passed. I flinched each time I heard Stevie jump in the bassinet when a loud noise startled him. I agonized as he showed no interest in looking at his fingers. And, I noticed people making silent remarks while I was present. I knew Stephen did not see.

David, meanwhile, had decided that we would relocate. A move of two thousand miles was staring me in the face when someone finally said what we were all thinking. I made the appointment. Dave was not too happy with that decision. He really thought I was over reacting. So, on November 1, he left for Seattle while I stayed in Janesville with the boys and waited for the visit to Dr. France at the University of Wisconsin Pediatric Eye Clinic in Madison.

On November 8, Dr. France made his diagnosis of our little son. It had been a long morning, a long day really, and I knew what I would hear. As he told me what he had found, I put my crying baby on my shoulder and said, "You poor little baby!" Understandably, Dr. France misunderstood my statement. He immediately began to tell me what Stephen might be expected to accomplish as a blind individual. Needless to say, after twenty years of blindness, I didn't need to hear all of that, and I explained to him what a long, hard day it had been for Stephen.

Mine has always been a close relationship to the One who has made each of us. I knew, even before the diagnosis, that if that was how He made my baby I could, and would, live with it and help him to be the best equipped he could be for his life. Since that day we haven't pampered Stephen any more than we would Michael. Oh, we adapt certain things, but he more than pulls his share of the load.

I remember thinking that it might just be relaxing to have a blind child instead of one with sight. The day I couldn't imagine who would be tapping on the window on the side of the house, and came in and found Stephen standing on the back of the rocking chair to do so, I threw those ideas out the window. Though his vision is very minimal—a small object must be held two to three inches from the eye for a visual identification—he has amazed us. Many people do not realize his vision problems for weeks after first seeing him. One of his latest feats, within the last year, is riding his two-wheeler all around the neighborhood.

And, Dave and I are having to readjust. We don't want to smother him with protection, but I have to tell you that each time he tries something new I ask myself, "Would Mom and Dad ever have let me try something like that?" I know my parents had no guidance. There was no one to advise them in those days. They had to go on "gut" feelings. I know what that is, now. And, I love and appreciate the fact that they were willing to support and not push, to hang on while letting go ever so little each time and to believe in me. I hope we can do those same things for our two kids with vision problems. Yes, our lit-

tle Sarah who is just two and a half is also visually impaired. She doesn't seem to see even as much as Stephen. But that is nothing any more. Oh, I'm not saying I don't get that lump in my throat when Stephen says, "I wish I could see to play soccer," or "Mom, will a doctor come some day and fix my eyes?" I know what it is to feel for your boy who loves big trucks and fast stock cars and will never drive them. But I know, too, that there is very little they can't do; comparatively speaking. These special children were given to us to nurture, help, and love. That's just what I'm going to spend the rest of my life doing, just like every other parent who realizes the wealth of the heritage they have been entrusted with.

—Karen A. Heesen,
Janesville, Wisconsin

From Kentucky

Although we were foster parents when we received Sherry, we had planned and prepared for a foster baby (our first) with great anticipation just as though it were our own. We applied in January, were approved in June, and then began the waiting. Finally after about six months, when we were beginning to wonder if we would ever get a baby, we received a call that there was a baby coming to our home the next day. I'll never forget how excited I was! Then they informed us I would have to take her back to University Hospital the next week to see an eye doctor, as they thought she might be blind. Wow! This was hardly what we were expecting for our first foster baby! They asked me if we still wanted to take her. What could I say? A baby is a baby and needs love and a home no matter what. Later, I wondered if I could care for her as she needed.

I'll never forget how I felt when they put Sherry in my arms! She was so tiny! Although was was four-and-a-half weeks old, she still only weighed five pounds three ounces.

My first concern was to give Sherry lots of love, good nutrition, and a good home. Since I am a nurse, I put my nursing experience to work by closely watching her, especially when I took her from a dark room to a light room. I noticed that her pupils didn't seem to change or react to light. Then four days later, I noticed that she didn't seem to jump or hear the door slam next to her. I slammed the door again on purpose and saw no reaction. So I began to suspect Sherry couldn't *hear* anything either. I asked our family to watch, to see if she ever showed signs of hearing. Meanwhile we all continued to hold and love her. I continued to watch for any other problems. One thing that bothered me was that her head seemed so weak and wobbly.

I really am grateful that the doctors and the social workers were eager to get at a diagnosis of her problems and were open and honest with us right from the start. I truly believe the earlier we are aware of problems, the sooner we can accept them and begin to deal with them. When Sherry was two months old, after an eye exam measuring her brain response to light stimulation, the doctors declared her legally blind. They said she had Congenital Retinal Blindness. When they telephoned to give me her diagnosis, my heart felt crushed and I wanted to cry as I felt there wasn't any hope after all. When I told the doctor I was sure Sherry could see *some* light, he said she might be able to see light, shapes or shadows, or even faces, but that she would never have good vision. Well, we had to accept the diagnosis and go on from there.

Since Sherry didn't seem to hear anything, they recommended that we have her hearing evaluated to determine if she would qualify for the Deaf-Blind Intervention Program. This was very important, as it is the only program that would send anyone to our home so far away! The diagnosis was a "mild hearing loss bilaterally with border-line brainstem disease." Thus they referred Sherry to the Deaf-Blind Intervention Program. In June, Suzanne came to our home to see Sherry and to tell us she had been accepted for at least one year, at which time her hearing would be tested again and she would be re-evaluated. Boy, was that a great day for Sherry and for us, when Suzanne came into our lives! We finally had someone to observe and evaluate Sherry on a regular basis in our home, to work with her and us and to encourage and share with us. How I wish we could have had Suzanne work with us even earlier! Although I am a nurse, I didn't really know what to expect or where to begin helping Sherry. Up to that point, we had loved Sherry, taken her every place with us: to church every Sunday, to meetings, on vacation trips to Iowa and New York. Most of her experiences were basically through "touch" and love. Suzanne brought toys and stressed the importance of stimulating Sherry as much as possible through touch, sounds, bright colors, and so on. She also got me started working with Sherry daily to improve her slow motor development since she was very delayed. At first, Suzanne came to our home once a month,

but after testing Sherry's skills and development, she made up a list of goals to work on for the entire year. Then she began to come to our home every two weeks.

The list of goals Suzanne made up for Sherry was really beneficial for me. It gave me direction, and helped me to be more realistic in my expectations. For instance, I was hoping maybe Sherry would be able to walk by the time she was two years old. But Suzanne's goal for Sherry was for her to be able to sit up for three minutes at eighteen months old. I said to myself, "Oh, Betty, you better change your goals. They are not realistic! Suzanne has worked with other children and knows much better than you do!" So I began to be more realistic. With a list of goals to work toward, and the help and encouragement of Suzanne, Sherry began to show real progress. I was so eager to learn and to do as much as I could. A lot of the things are common sense, and yet I needed Suzanne to point them out, to talk with, and to give encouragement.

Sherry now rolls all over, sits up, and has been taught to catch herself when she falls forward or to the sides, but not backwards. She still can't sit herself up except when she is helped half way. She has just begun to pull herself forward on her arms and to push forward by rocking side to side and pushing on her knees or feet. This may not seem like much for a child who is almost three years old, but for Sherry it's a big accomplishment and we are so thankful for each new thing she does. I keep reminding myself we thought she would never see or hear and look at her now! We realize she probably wouldn't even be this far without some sight and her improved hearing and all the help we've received. Sherry is a very loving and easy-to-love baby, and we enjoy her so much and thank God for her and the things she has taught us. She is a challenge to our entire family, and all those who know her watch her progress with joy and amazement.

—Betty de Forest,
Gray Hawk, Kentucky

From Nebraska

Our daughter, Nancy, is a twenty-year-old totally blind person. Nancy is blind from retinoblastoma and had her eyes removed at fourteen months. The things good and bad that Nancy and I went through in working out the blindness and attending public school is my topic.

I felt completely alone when it was discovered that Nancy was going to be blind. My first concern now is to educate the medical field in what is available for schooling of visually-impaired children, so they don't just drop the bomb and leave the parent with nothing. In Nebraska, we invite our ophthalmologists to speak to our parent group, so the doctors are aware of how important it is to a parent to have a support unit.

I believe the next area of importance is making friends for the blind child. The regular classroom teacher can be the biggest help in making children feel comfortable with the visually-impaired child. We often help the visually-impaired student even in kindergarten, first, or second grade, by giving an in-service session on materials and equipment. We also role play with the class; the necessity of saying the name to the child and so forth is emphasized.

If the student can have one good sighted buddy, he will probably get invited to parties, in junior high school. This was Nancy's salvation, as her good friend from third grade on always saw to it that she was invited so others would be aware that, yes, Nancy did want to be included. I would say to parents that the child's social life is so important; the school system can't do that part! It may mean having a yard full of kids all the time, or offering to assist in Boy and Girl Scout activities to alleviate the fears of the leader and to insure that the visually-impaired child isn't left sitting; but it also means walking that thin line of not being overprotective! I went on a lot of Girl Scout campouts where I hardly saw Nancy, but the leaders were more confident because I was there.

Another area I feel is very important is the work experience area. That starts out by giving the blind child chores to do at home, and leads to teaching the child to cook and to shop for groceries and clothes. Every time I let Nancy out the door to walk to school, go to the store for me, or go to a friend's house, a lump was in my throat. But I didn't let on, as I knew I had given her the basic knowledge to know how to accomplish the given task. She delivered papers, was a teacher's aide and a "candy striper," and helped in a sandwich shop before going off on her own after graduation. Those experiences are of value and add to the flavor of life.

Nancy is now living in California independently in an apartment, and is going to college. She went to a living skill center there first for a year, which heightened her feeling of being able to be indepen-

dent. As parents, this has probably been as hard a trial as any we have faced with Nancy—allowing her to go off on her own and live her own life; but it's worth it!

—Mary Anne Karstens,
Omaha, Nebraska

From Arizona

When it comes to parenting, most of us would like to change some aspect of our job with each child. With Diana, I would want her to feel better about who she is as she reaches adolescence.

Once we realize our child has special needs, we want to be sure he or she understands what is acceptable and unacceptable behavior. In this process, I think we too often may have made our daughter feel that a great deal about her needed changing. There are so many opportunities to let our children know about the things they do well, what we love about them, and what we would not want to change. The younger the child when the positive process begins, the better will be the child's self-image. Our daughter has many wonderful qualities and abilities, yet all too often I don't point out how nicely she does something or how very special she is to us.

I think I would have spent more time discussing feelings and showing them in non-visual ways. A child who is blind does not see how his words or actions affect others, that others are hurt, angry, or happy. Self-centeredness is a greater possibility and is difficult to undo once it is well estabished.

As my husband and I discussed raising our children, we would *not* change expecting the same behavior from our blind child as the other two. We feel she is more capable than she would have been had we not expected her to learn appropriate behavior. As I inferred earlier, we've given her lots of feedback; if we aren't honest with her about how her behavior, clothes, hair, etc. look to others, who will be?

Blind children need to know they are loved, need to be secure in their intrinsic worth, and need to know that those who love them will share honest information which will aid their growth.

—Elaine Baldridge,
Phoenix, Arizona

From Arizona

Jessica is getting settled into kindergarten at a public school and is making the transition into the "sighted" world quite well. With her independence, eagerness, and an "I'll try anything" determination, her future looks bright and positive. It seems now is a good time to take a backward glance and reflect on Jess' early years.

I believe very strongly these early years were the most important in laying a firm foundation in Jess' life and are responsible for her being as well adjusted as she is.

Jess was born prematurely and we realized she was blind shortly after she came home from the hospital. Although our hurts and pain were deep, we searched for ways we could enhance our daughter's life. The first thing we did was to contact the Foundation for Blind Children's Pre-School. We will always be indebted to that agency for all its knowledge, assistance, time and love.

We learned so much in the once-a-week infant program, which was geared to teaching the parents how to stimulate the different senses of our children. Some of these ideas are shared here and I urge you to make the extra effort; I know someday you too will be looking back and will be glad you did.

If you can, try to envision Jess' room. There were balls hanging from the ceiling. Big balls, medium balls, and little balls were hung in the path of the air cooler to create a little motion. At so early an age, we didn't know how much usable vision our child had, but we wanted to stimulate whatever may have been there. Hanging on the crib was a musical mobile. On the side of the crib were an activity center and bells; strung across the top was a play gym, and assorted noise-making/musical toys lay in the crib. A baby who is blind will not go searching for things if he doesn't know where they are—so you must provide things to be "bumped" into. Be cautious to the safety of the items you place in or near the crib.

Meal time was probably a real source of embarrassment to a few people, but that's okay. I wasn't stimulating their senses, but only my daughter's. As soon as Jess could get her hand to her mouth, I would take a towel and wrap her securely into her high chair and place her food on her tray (one with a rim) and allow her to finger feed herself. Be sure

to have a large bib because there will be a very messy baby and high chair! This way of feeding is quite an adventure for a baby, as you can well imagine. But at the same time, it is also a tremendous learning experience. That child will be exploring so many different textures and tastes and will hopefully enjoy every minute of it. Make meal time a happy, fun experience. So many children who are blind have quite a problem with textured foods, so letting that child experience the textures himself at the earliest ages may help alleviate the problem.

Talk, talk, talk to that baby. Tell him everything you're doing and take him with you as you move from one room to another in the house. I remember one occasion when I was busily chattering to Jess while working in the kitchen. "Now I'm cracking the egg and pouring it into the bowl, and now I'm stirring the eggs with a fork." On and on went the chattering, and as I looked back at Jess I saw she was fast asleep in her carrier and didn't even hear me—I felt a little crazy!

From the very beginning, Jess was involved in a lot of social activities such as church, Sunday School, group get-togethers, and staying with a variety of babysitters. It is so easy to overprotect our children and yet so important for them to be a part of everything.

While there are many good ideas, times do get frustrating. I heard myself talk so much I felt like telling myself, "Aw, shut up!" More than once I dreamed of how nice it would be to feed Jess myself and get meal time over more quickly and, certainly, more neatly. And while we had been working with Jess for so long, it was as if she had come to a complete standstill and just wasn't progressing. We were beginning to be concerned that maybe something else was wrong when finally it seemed everything just fell into place and Jess took off. I am so glad we were supported and urged to "hang in there," for now Jess reflects that so much was given to her by so many.

—Nancy Carter,
Phoenix, Arizona

GLOSSARY OF VISUAL TERMS

Albinism: A lack of pigment in the eyes, skin, and/or hair. Albinism is frequently associated with significant eye disorders and is usually accompanied by nystagmus, or "dancing" eyes. Children with total albinism have fair skin, whitish-blond hair, and eyes that appear pink in front.

Amblyopia: Reduced vision (20/30 Snellen or less). Vision in these cases is not easily improved. If the condition is discovered and treated early (especially in children aged less than ten), the probable outcome of the condition will generally be better. Amblyopia ex anopsia is dimness of vision due to lack of use of the eye (also called lazy eye blindness).

Aniseikonia: A condition in which one eye sees an object as one size and shape and the other eye sees the object as a different size and shape.

Asthenopia: Symptoms and signs of stress and discomfort resulting from using the eyes (for example, headache, lack of energy, or tearing of the eyes). Usually caused by an optical muscle disorder, or eye infection, which can be treated.

Astigmatism: A condition that causes blurred vision at all distances. Children who have astigmatism may complain of headaches and tire easily.

Binocular vision: The ability to use the two eyes together to focus on an object and blend the two images into a single image.

Blepharitis: Inflammation of the eyelids. Associated with itchiness, redness, tearing, and a gritty feeling. May be accompanied by a discharge of mucous or pus, which collects on the lids (especially in the lashes), and in the tear sacs.

Buphthalmos: Large eyeball. Associated with infantile glaucoma.

C, CC (cum correction): With correction; wearing prescribed lenses.

Cataract: A clouding of the lens of the eye, which reduces the amount of light received at the retina. Useful vision may be completely blocked out, depending upon the location of the cataract and how dense it is. Cataracts can be removed, and spectacles or contact lenses can be substituted for the cloudy natural lens.

Central visual acuity: Ability of the eyes to perceive the shape of objects in the direct line of vision. Usually measured in a Snellen test.

Color deficiency: Reduced ability to perceive differences in color. Usually involves subtle differences in reds and greens and between reds and greens.

Conjunctivitis: Inflammation of the conjunctiva, which is the membrane lining the eyelid and covering the front part of the eyeball. Sometimes associated with blepharitis.

Crossed eye: Strabismus.

Depth perception: The ability to perceive the depth of objects and their relative position in space.

Esotropia: See strabismus.

Eye dominance: Tendency of one eye to do most of the seeing, with help from the less dominant eye.

Exotropia: See strabismus.

Farsightedness: See hyperopia.

Field of vision: The entire area the eye can see without shifting position from straight ahead.

Glaucoma: A condition in which the normal fluid (aqueous humour) of the eye does not drain off properly, causing increased pressure within the eye. The increased pressure causes damage to the optic nerve, resulting in severe loss of sight or tunnel vision. (In tunnel vision, only the center of the visual field remains.) Glaucoma can be treated to control the pressure in the eye.

Jaeger test: A test for near vision in which lines of reading matter are printed in a series of various sizes of type.

Lazy eye blindness: See amblyopia.

Light perception (L.P.): The ability to distinguish light from dark.

Myopia: A condition resulting in a blurred image for distance vision. Easily corrected by glasses. Near vision is usually quite good. A child with myopia may tire easily, and be restless and inattentive during tasks

requiring distance vision. If the child already has glasses, you should encourage him or her to wear them. Myopia is also called nearsightedness.

Nearsightedness: See myopia.

Near vision: The level of visual acuity measuring a person's near reading distance (which is 8 to 20 inches).

Night blindness: A condition in which sight is good by day but reduced in low light and at night.

Nystagmus: Involuntary rapid, rhythmic eye movements. This eye condition usually occurs in combination with a visual handicap. The rapid eye movements are usually side-to-side and continuous. To help a child focus more clearly, you might suggest that he or she put her fingers on whatever she wishes to see, or use a marker for close work. Sometimes called "dancing" eyes.

O.D. (oculus dexter): Right eye.

Optic atrophy: A condition in which the optic nerve is damaged. Color vision may be impaired along with visual acuity. Children with optic atrophy usually need more contrast between print and paper. If there are central visual acuity problems, hand-held magnifiers often prove helpful.

Orientation and mobility instructor: A specialist who provides a handicapped child with the concepts and skills needed to understand and move about safely and easily. Also called a peripatologist.

O.S. (oculus sinister): Left eye.

O.U. (oculus uterque): Both eyes.

Peripheral vision: The ability to perceive the presence, motion, or color of objects that are outside the direct line of vision.

Peripatologist: See orientation and mobility instructor.

Retinal detachment: An eye condition in which a hole in the retina has allowed fluid to leak in behind the retina and push the retina off the back of the eye. Significant amounts of vision may be lost.

Retinitis pigmentosa: A condition in which the retina functions progressively worse throughout life. Side vision is usually decreased before central vision. Color blindness and night blindness are common symptoms of this disturbance.

Retrolental fibroplasia: A disease of the retina, in which a mass of scar tissue forms in back of the lens of the eye. The disease usually affects both eyes. In severe cases, there is complete loss of sight.

Snellen test: A test for central visual acuity. It consists of lines of letters, numbers, or symbols in graded sizes drawn to Snellen measurements. For preschoolers, only the Big E is used in a variety of positions. Each size is labeled with the distance at which it can be read by the normal eyes. It is most often used for testing vision at a distance of 20 feet.

Strabismus: A condition in which the eye turns or squints, due to a muscle or sight disturbance. Vision may be lessened in the squinting eye. If the eye is turned toward the nose, the condition is called esotropia. If the eye is turned away from the nose, the condition is called exotropia. Children with either one of these types of strabismus may use one eye continuously or both eyes alternately. The vision problem may be treated by patching the stronger eye, by prescribing glasses, or by performing surgery or other treatments recommended by an eye doctor.

Trachoma: An infectious disease of the eye causing scarring of the cornea, which reduces vision to light perception only.

Visual acuity: Sharpness of vision.

BOOKS FOR PARENTS

To locate the following materials, first check your local library. Many times, they will order a book of this type on request. Also, you should consult your state's Commission for the Blind or Department of Education, or the public school system. These agencies may have a lending library for parents. Finally, perhaps the publisher will send you a copy on approval, to make certain it is the book you want. Note that books in this bibliography are listed topically.

Visual impairment

Commonwealth Mental Health Foundation. *Exploring Materials with Your Young Child with Special Needs.* Lexington, MA: Author, 1975. Here is a very practical book with many ideas for using everyday materials in playing with your child.

Commonwealth Mental Health Foundation. *Home Stimulation for the Young Developmentally Disabled Child.* Lexington, MA: Author, 1973. This book is excellent for families of very young children with development disabilities. The activities suggested were gathered from home teachers who are in constant contact with children and their families.

Ferrell, K. *Parenting Preschoolers: Suggestions for Raising Young Blind and Visually Impaired Children.* New York: American Foundation for the Blind, 1984. A comprehensive booklet giving answers to many questions and issues faced by a parent of a young visually impaired child.

Halliday, C., and Kurzhals, I.W. *Stimulating Environments for Children Who Are Visually Impaired.* Springfield, IL: Charles C. Thomas, 1976. This book focuses on ways parents and teachers can create a stimulating environment in the home and school for the young visually impaired child.

Kastein, S., Spaulding, I., and Scharf, B. *Raising the Young Blind Child.* New York: Human Sciences Press, 1980. This book points out areas of development in which a visual loss could cause developmental delays and suggests ways parents can help work on these problem areas.

Raynor, S., and Drouillard, R. *Get a Wiggle On.* Washington, DC: AAHPER Publication Sales, ND. Designed for parents of visually-impaired infants, this booklet includes suggestions and illustrations for assisting the infant in development from birth to the walking stage.

Raynor, S., and Drouillard, R. *Move It.* Washington, DC: AAHPER Publication Sales, ND. This is a sequel to *Get a Wiggle On.* It contains more suggestions for the visually impaired child from the walking stage to starting school.

Schuch, J. *Get Ready, Get Set, Go: A Guide for Parents of Visually Impaired Children.* East Lansing, MI: International Institute for Visually Impaired, 1980. Here is an easy-to-read book for parents written by a kindergarten teacher. It is both positive and practical in its approach.

Scott, E. P. *Can't Your Child See?* Baltimore: University Park Press, 1971. In this book, the author offers much practical and realistic advice on raising a preschool visually-impaired child.

Stigen, G. *Heartaches and Handicaps.* Palo Alto, CA: Science and Behavior Books, Inc., 1976. This is a humorous, first-hand account of raising a handicapped child. There are chapters on special education, getting help or services, and understanding state agencies.

Ulrich, S. *Elizabeth.* Ann Arbor, MI: University of Michigan Press, 1972. *Elizabeth* is a mother's account of her blind daughter's pre-school years. She talks about how she learned to deal with her daughter's blindness and to help her develop into a happy, independent child.

Child development and child care

Brazelton, T. B. *Infants and Mothers.* New York: Dell Publishing Co., 1979. Here, Dr. Brazelton follows three kinds of babies—the very active, the moderately active, and the quiet—and their mothers through their first twelve months.

Brazelton, T. B. *Toddlers and Parents.* New York: Dell Publishing Co., 1980. In this book, Dr. Brazelton uses examples of typical toddlers and their behavior to discuss toddler relationships with peers and parents. He discusses sleeping problems, rebellious behavior, and other hurdles for parents of one- to three-year olds.

Brown, D. L. *Developmental Handicaps in Babies and Young Children: A Guide for Parents.*

Springfield, IL: Charles C. Thomas, 1979. This is an excellent book for parents who suspect that something may be wrong with their baby, perhaps because he is slow in developing or seems different from other babies. The book clearly defines different disabilities and gives parents specific suggestions as to where to go for help.

Burck, F. W. *Babysense: A Practical and Supportive Guide to Baby Care.* New York: St. Martin's Press, 1979. Here is a wealth of practical information for new parents, much of it told in personal accounts by other new parents. It includes such topics as babyproofing the house, returning to work, and handmade baby toys.

Caplan, F. (Ed.) *Parents' Yellow Pages by the Princeton Center for Infancy.* Garden City, NY: Anchor Press/Doubleday, 1978. This is a comprehensive guide to sensible child rearing. The topics are listed in alphabetical order on an infinite range of parent concerns, from adoption to sex education. Useful to any parent.

Caplan, F. (Ed.) *The First Twelve Months of Life.* New York: Grosset and Dunlap, 1973. This book was originally published as twelve separate booklets, detailing the month-to-month development of the normal infant.

Caplan, F., and Caplan, T. *The Second Twelve Months of Life.* New York: Bantam, 1977. Here is the sequel to *The First Twelve Months of Life.* It details, in the same way, the variety of skills which emerge each month of the infant's second year.

Chase, R. A., and Rubin, R. R. *You and Your Baby: The First Wondrous Year.* New York: Collier Book Division of MacMillan Publishing Co., 1979. This book discusses all aspects of a baby's first year, including the relationships with parents and family changes in the marriage, social, emotional, and physical development, play, and how babies learn.

Ferrell, K., and Butterfield, S. *Reach Out and Teach.* New York: American Foundation for the Blind, 1985. This series of books and slide presentations is designed to provide for the training of parents and teachers of visually impaired and multihandicapped visually impaired young children. The development of these materials was based on a survey of the training needs of parents, as identified by blind adults, parents, teachers, and teacher trainers.

Fraiberg, S. H. *The Magic Years: Understanding and Handling the Problems of Early Childhood.* New York: Charles Scribner's Sons, 1959. Here is a sensitive guide to understanding why babies and toddlers act the way they do. Of particular interest is Fraiberg's interpretation of toddlerhood and the "terrible two's" from the child's standpoint, and her clarification of the reasons why older babies have sleeping problems.

Gordon, I. J. *The Infant Experience.* Columbus, OH: Charles E. Merrill Publishing Co., 1975. This book discusses some of the inherent abilities of infants and the many ways an infant's behavior is affected by prenatal care, early interactions with parents, and cultural influences.

Gordon, I. J. *Baby to Parent, Parent to Baby.* New York: St. Martin's Press, 1977. Here is a practical guide to developing parent-child interaction during the baby's first twelve months. Much emphasis is placed on loving, and communicating with your infant.

Karnes, M. B. *You and Your Small Wonder: Activities for Busy Parents and Babies.* America Guidance Service, Circle Pines, MN, 1982. A wide variety of play activities for parents and children from birth to eighteen months of age is provided in this book. Activities encourage physical, intellectual, emotional, and linguistic development.

Leach, P. *Babyhood.* New York: Alfred A. Knopf, 1976. *Babyhood* is an informative and comprehensive book for parents of children from birth to two years. Major achievements for each age group are discussed together with suggestions for helping the child grow and develop.

Levy, J. *The Baby Exercise Book.* New York: Pantheon Books, 1975. This is a unique book for parents and teachers. Through photographs and simple instruction, it shows how to perform a variety of exercises designed to develop the strength for rolling, sitting, and learning to walk.

Scharlatt, E. L. *Kids, Day In and Day Out.* New York: Simon and Schuster, 1979. Here is an eclectic look at living with kids. Hundreds of parents saying "I tried this and here's how it works." Ideas range from "a cure to television toy-itis" to "you'll get more for your money buying clothes in the boy's department."

Siegel-Gorlick, B. *The Working Parents' Guide to Child Care.* Boston: Little, Brown, and Company, 1983. Written by a child psychologist, this book is for parents who are considering various possible daycare arrangements for their child.

White, B. L. *The First Three Years of Life.* Englewood Cliffs, NJ: Prentice Hall, Inc., 1975. This book divides the first thirty-six months of life into seven phases. The discussion of each phase details characteristic behavior and interests, plus recommended child-rearing practices.

Play

Adcock, D., and Segal, M. *Play and Learn Vol. II: From One to Two Years.* La Jolla, CA; Oak Tree Publications, 1980. Here is valuable information about the development of the one- to two-year-olds, games to play, and toys to use.

Badger, E. *Infant/Toddler: Introducing Your Child to the Joy of Learning.* New York: Instructo/McGraw Hill, 1981. Provided are suggestions for appropriate toys and instructional materials with a detailed how-to-do-it teaching format designed specifically for parents. The program is organized into twenty units representing developmental levels from birth through three years.

Cass-Beggs, B. *Your Baby Needs Music.* New York: St. Martin's Press, 1978. This book tells how music can be used with babies from before birth through two years of age. It includes words and simple music for lullabies, croons, and songs, as well as sections on making simple musical instruments, suggested music for parents, and a bibliograpy.

Garvey, C. *Play: The Developing Child Series* (Bruner, Cole, and Loyd, Eds.). Cambridge, MA: Harvard University Press, 1977. Here is a discussion of what comprises children's play, how it develops, and what kinds of play there are, e.g., with objects, language, groups, rules, and rituals. Actual play situations and their implications are discussed.

Kline, J. *Children Move to Learn: A Guide to Planning Gross Motor Activities.* Columbus, OH: Ohio State University, 1977. This book divides gross motor activities into five sections: head control; reaching and grasping; trunk control and sitting; prewalking; and walking. Each section begins with several questions to determine if the infant is at this stage. Many practical suggestions are given for accomplishing each stage.

Hartley, R. E., and Goldenson. *The Complete Book of Children's Play.* New York: Harper and Row Publishers, Apollo Editions, 1970. This modern classic is about child's play from infancy onward. It includes lists of household items to use as play materials and directions for building outdoor play equipment.

Segal, M. *Play and Learn Vol. I: From 0 to One Year.* La Jolla, CA: Oak Tree Publications, 1980. In this book, overviews of each of the first twelve months are given, along with descriptions of normal child development and suggestions for numerous activities and materials to encourage growth.

Shakesby, P. S. *Child's Work.* Philadelphia: Running Press, 1974. *Child's Work* presents twenty-seven educational activities and directions for making the simple toys upon which the activities are based. Most of the activities are appropriate for visually-impaired children.

Wilt, J., and Watson, T. *Touch! Forty-eight Tactile Experiences for Children, Plus Thirty-four Media Recipes to Make and Use.* Waco, TX: Creative Resources, 1977. Here is one of a series of four books on enriching children's sensory experiences. *Touch* contains games, exercises, and experiences that help children become more aware of their tactile sense, develop it more fully, and make good use of the information they receive.

Wittes, G., and Radin, N. *The Learning Through Play Approach.* San Rafael, CA: Dimensions Publishing Co., 1969. This book is full of creative ideas for preschool children. The focus is on drama, music, and art.

Toys

Association for Childhood Education International. *Play—Children's Business.* Washington, DC: Author. Here is a guide to help in the selection of toys and games for infants to twelve-year-olds.

Brooks, G., and Rosenblatt, J. C. *Things to Save, Things to Make, and Things to Buy to Help Your Children Grow and Learn.* Nashville, TN: Darcee

Publications, 1973. This book contains many creative and useful suggestions for parents and teachers.

Commonwealth Mental Health Foundation. *Exploring Materials with Your Young Child with Special Needs.* Lexington, MA: Author, 1975. Here is a good source of ideas for using varied materials in playing with your child.

Consumers Report (Eds.). *Consumers Union Guide to Buying for Babies.* New York: Warner Books, 1975. This *Consumer Report* compares various brands of equipment, furniture, and toys for babies. It's an easy way to comparison shop.

Jones, S. *Good Things for Babies.* Boston: Houghton-Mifflin, 1976. Here is an excellent resource to consult when choosing equipment or toys for your child.

Newson, J., and Newson, E. *Toys and Everything.* New York: Pantheon Books, 1979. This book presents a common-sense approach to play, toys, and children, with down-to-earth suggestions for parents and professionals.

Safe Toys for Your Child. Office of Child Development, Washington, DC: U.S. Government Printing Office. Publication No. 473-1971. Here is an inexpensive government pamphlet with information on safe toys. Ask for price before ordering.

Southwest Educational Development Laboratory. *How to Fill Your Toy Shelves without Emptying Your Pocketbook.* Reston, VA; The Council for Exceptional Children, 1976. Clearly written and organized, here are instructions for creating a variety of easy-to-work toys. Activities are included for each toy and are organized into skill areas, e.g., visual, auditory, touch and smell, language, etc.

Upchurch, B. *Easy-to-do Toys and Activities for Infants and Toddlers.* Greensboro, NC: University of North Carolina, 1971. Ideas, directions, and patterns are provided for making appropriate toys from simple household materials. Each toy is described and assigned an age range. Lists of places to find materials and their approximate costs are also given.

Warner, D., and Quill, J. *Beautiful Junk.* Pueblo, CO: Consumer Information Center. 006G, 1977. This inexpensive government pamphlet contains many ideas for creating free or inexpensive play equipment. Ask for price before ordering.

Books for Siblings

Heide, F., *Sound of Sunshine, Sound of Rain.* Parents Magazine, 1970. This story is narrated by a young blind child. Unable to see, he lives in a world of touch, sound, and imagination. *Sound of Sunshine* shows how a blind child perceives the world and that even a very young child can acquire independence.

McConnell, N. P. *Different and Alike.* Colorado Springs, CO: Current, Inc., 1982. This book explains that "a handicap is a difference which makes it harder for a person to do something that is easy for you to do—something like walking, seeing, speaking, or hearing."

Parker, M. *Horses, Airplanes, and Frogs.* Illinois: The Child's World, 1977. The main character in this book is Nick, a young boy who can do anything anyone else can do except see. One day, Nick wonders about horses, airplanes, and frogs. He asks his mother, but her verbal descriptions only serve to further confuse him. Fortunately, he meets a friend in the park who realizes that "telling" Nick isn't enough. Seth helps Nick learn about horses, airplanes, and frogs by allowing Nick to experience and explore the real things.

Peterson, P. *Sally Can't See.* New York: The John Day Company, 1974. Children reading this book will be exposed to life for a person in a sightless world. They will get to know the importance of braille, and the helpfulness of the long white cane, and the intensive use of the other four senses to make up for the missing one.

Stein, S. B. *About Handicaps: An Open Family Book for Parents and Children Together.* New York: Walker and Co., 1974. This book is about Matthew and Joe who could be friends; but Joe can't walk well and that scares Matthew. Matthew is afraid. Could he become like Joe? Matthew's father helps Matt talk about his feelings and fears, and as a result the two boys become friends. In addition to the sensitive photographs and simple text, the book also features a separate text for parents who are sharing the book with their children.

READINGS FOR TEACHERS

Ainsworth, M. D. Infant-mother Attachment, *American Psychologist,* 1979, *34,* 932-937.

Baird, A. D., and Henning, A. M. Neonatal Vision Screening, *Journal of Visual Impairment and Blindness,* May 1982, 182-185.

Barraga, N. C. *Visual Handicaps and Learning.* Belmont, California: Toadsworth Publishing Co., 1976.

Barry, M. A. How to Play with Your Partially Sighted Preschool Child: Suggestions for Early Sensory and Educational Activities, *The New Outlook for the Blind,* December 1973, 457-459.

Barton, E. M., Hollobon, B., and Woods, G. E. Appliances Used to Help the Normal Developmental Sequence, *Child Care, Health, and Development,* 1980, *6,* 209-232.

Beckman-Bell, P. Child-related Stress in Families of Handicapped Children, *Topics in Early Childhood Special Education,* 1981, *1,* 45-53.

Blos, J. W. Rhymes, Songs, Records, and Stories: Language Learning Experiences for Preschool Blind Children, *The New Outlook for the Blind,* September 1974, 300-307.

Bortner, S., Jones, M., Simon, S., and Goldblatt, S. *Sensory Stimulation Kit: A Teacher's Guidebook,* Louisville, Kentucky: American Printing House for the Blind, 1982.

Cartwright, C. A. Effective Programs for Parents of Young Handicapped Children, *Topics in Early Childhood Special Education,* 1981, *1,* 1-9.

Chase, J. B. Developmental Assessment of Handicapped Infants and Young Children: With Special Attention to the Visually Handicapped, *The New Outlook for the Blind,* October 1975.

Cohen, L. B. Our Developing Knowledge of Infant Perception and Cognition, *American Psychologist,* 1979, *34,* 894-899.

DuBose, R. F. Developmental Needs in Blind Infants, *The Journal of Visual Impairment and Blindness,* February 1976, 49-52.

DuBose, R. F., Langley, M. B., Bourgeault, S. E., and Harley, R. Assessment and Programming for Blind Children with Severely Handicapped Conditions, *Journal of Visual Impairment and Blindness,* February 1977, 49-53.

Ferrell, K. A. Orientation and Mobility for Preschool Children: What We Have and What We Need, *Journal of Visual Impairment and Blindness,* April 1979, 147-150.

Foster, M. F., Berger, M., and McLean, M. Rethinking a Good Idea: A Reassessment of Parent Involvement, *Topics in Early Childhood Special Education,* 1981, *1,* 55-65.

Fraiberg, S. *Insights from the Blind.* New York: Basic Books, 1977.

Fraiberg, S., The Development of Human Attachments in Infants Blind from Birth, *Merrill-Palmer Quarterly,* 1975, *21,* 315-334.

Framo, J. L. Family Theory and Therapy, *American Psychologist,* 1979, *34,* 988-992.

Froyd, H. E. Counseling Families of Severely Visually Handicapped Children, *The New Outlook for the Blind,* June 1973, 251-257.

Gabel, H., and Botsch, L. S. Extended Families and Young Handicapped Children, *Topics in Early Childhood Special Education,* October 1981, 29-35.

Geruschat, D. R. Orientation and Mobility for the Low Functioning Deaf-Blind Child, *Journal of Visual Impairment and Blindness,* Janaury 1980, 29-33.

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NATIONAL ORGANIZATIONS

The following is a listing of several national organizations for parents and professionals concerned with visually impaired children:

American Council for the Blind (ACB),
Parents' Organization
Route A, Box 78
Franklin, Louisiana 70538

National Association of Parents
of the Visually Impaired, Inc. (NAPVI)
Post Office Box 18806
Austin, Texas 78718

International Institute for the Visually
Impaired, Birth - Seven Years, Inc.
(IIVI, 0-7)
1975 Rutgers
East Lansing, Michigan 48823

National Federation of the Blind
Division for Parents of Blind Children
1800 Johnson St.
Baltimore, MD 21230

Each of these organizations sponsors a newsletter containing useful information for parents; the newsletters are distributed throughout the United States. IIVI, 0-7 is the only group which deals specifically with younger-than-school-age children. However, the following newsletter, started by educators of infant and preschool visually impaired children, might also interest you:

The National Newspatch
Oregon School for the Blind
700 Church Street, S.E.
Salem, Oregon 97310

The following is a brief listing of national organizations which serve visually impaired children and adults:

Association for Education
and Rehabilitation of the
Blind and Visually Impaired
Suite 320
206 N. Washington St.
Alexandria, VA 22314
(703) 836-6060

American Foundation for the Blind, Inc.
15 West 16th Street
New York, New York 10011
(212) 620-2000

American Printing House for the Blind
Post Office Box 6085
Louisville, Kentucky 40206
(502) 895-2405

Canadian National
Institute for the Blind
1929 Bayview Avenue
Toronto, Ontario
CANADA M4G 3F8
(416) 486-2636

American Printing House for the Blind
1839 Frankfort Avenue
MAILING ADDRESS: P.O. Box 6085
Louisville, Kentucky 40206-0085